L06000059144

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100075665311

06/05/06--01037--008 **125.00

06 JUH -5 PM 2: 19

6 HIM T DM 3, 10

COVER LETTER

| TO: | Registration Se Division of Con | | | |
|------------------|------------------------------------|---|---|--|
| SUBJE | ECT: | Set 'N STONE (Name of Limite | E, LLC d Liability Company) | |
| The end | closed Articles of | Organization and fee(s) are s | ubmitted for filing. | |
| Please | return all corresp | ondence concerning this matte | er to the following: | |
| | | | Siderwood Name of Person) | |
| | | et 'N Stone | Firm/Company) | |
| | ~12 | 52 Queer | (Address) | <u>.</u> |
| | _ Pac | e, FL 325 | /State and Zip Code) | |
| For fur | ther information | concerning this matter, please | call: | |
| 77 | Nome (Name | Inderwood of Person) | at (<u>850</u>) <u>324</u> (Area Code & Daytime T | c-1035 elephone Number) |
| \wedge | | or the following amount: | | |
| () \$125 | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | nns r Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|---------------------------|---------------------------|
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con | npany | y is: |
| Principal Office Address: Mailing Address: | | |
| 4252 Queens Ct. Pace, FL 32571 Pace, FL 32571 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | |
| The name and the Florida street address of the registered agent are: | | |
| Wesley Underwood | | |
| 4252 Queens Ct. | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| City, State, and Zip | | |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointm registered agent and agree to act in this capacity. I further agree to comply with the provisi statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608. | ent a ions o vith a | s of all nd |
| Registered Agent's Signature (REQUIRED) | 06 JUN -5 | SECKETAK DIVISION OF C |
| (CONTINUED) Page 1 of 2 | PM 2: 19 | ORPORATIONS |

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| "MGRM" = Managing Member | |
|-------------------------------|---|
| MGK | David Wesley Underwood 4257 Wegnes CT. Pace, FL 32571 |
| | |
| | |
| | |
| (Ilsa swashusantifusassassas) | |
| (Use attachment if necessary) | 1 cer |
| | be specific and cannot be more than five business da |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)