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DIVISION OF CAPPUTATION



# STONE TECH LIMITED, LLC Articles of Organization Docs Follow

# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	Stone	Tech Limited, LLC (Name of Limited)	I Liability Company)	
The en	closed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Michel Zo			
		(1	Name of Person)	
	Stone Ted	ch Limited, LLC		
		(1	Firm/Company)	
	4880 Jew	ell Terrace		
			(Address)	
	Palm Hai	bor, FL 34685		
		(City)	State and Zip Code)	,
For fu	ther information	concerning this matter, please	call:	
Mich	nel Zohouri		at (727 945 - 69	<u> 19</u>
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclo	sed is a check fo	or the following amount:		
\$12	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	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Stone Tech Limited, LLC	
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
34342 US Highway 19N	4880 Jewel Terrace
Palm Harbor, FL 34684	Palm Harbor, FL 34685
ARTICLE III - Registered Agent P	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of FE  ss of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of the registered agent are:  oup, P.L.  Name  PROFITED  P
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  The Axis Law Gro	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of the registered agent are:  oup, P.L.  Name  PROFITED  P
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  The Axis Law Gro  503 East Jackso	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of the registered agent are:  oup, P.L.  Name  PROPERTY OF THE OFFICE OF THE OFF
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street address  The Axis Law Gro  503 East Jackso	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another of the registered agent are:  oup, P.L.  Name  PROFITED  P

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

93 4 C(D) 9 - 3 4	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Michel Zohouri	
	4880 Jewell Terrace	277 (17
	Palm Harbor, FL 34685	
		•
		3- 1.4.7
		***
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	•	24
(Use ottockment if managem)		.e. °
effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTION one specific and cannot be more than five business day	*
CLE V: Effective date, if other than the effective date is listed, the date must be		*
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		*
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.	*
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document consideration.	er or an authorized representative of a member.	*

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)