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(Address)

(City/State/Zip/Phone #)

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*Jerry Thompson*  
See Instructions to Filing Office

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CORRECT *Title*

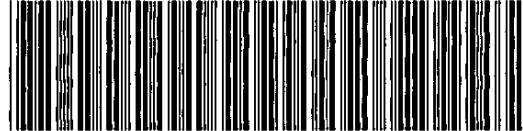
DATE *7/6/07*

SEE EXAM *let*

*W07-31469*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAST STONE DOCTORS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY W. HAYMOND

(Name of Person)

CAST STONE DOCTORS

(Firm/Company)

6143 RIVERWALK LN. #7

(Address)

JUPITER, FL. 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY HAYMOND

(Name of Person)

at ( 561 ) 714-1898

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO FLORIDA DEPARTMENT OF STATE:

ATTN: BREIDA TADLOCK

I, GARY HAYMOND, HAVE DISSOLVED  
CAST STONE DOCTORS, INC. AND WILL NOT  
REINSTATE THIS CORPORATION IN THE  
FUTURE TO AS WHATEVER CAST STONE DOCTORS, INC.  
WILL STAND ALONG AS A BUSINESS. TRUSTING  
THIS STATEMENT WILL SATISFY THE  
REMAINING QUALIFICATIONS TO FORM A  
LIMITED LIABILITY COMPANY, I REMAIN

RESPECTFULLY,



GARY W. HAYMOND  
CAST STONE DOCTORS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CAST STONE DOCTORS LLC

(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 Company is:

#### Principal Office Address:

6143 RIVERWLK LN. #7

JUPITER, FL.

33458

#### Mailing Address:

6143 RIVERWALK LN.#7

JUPITER, FL.

33458

### 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:

GARY W. HAYMOND

Name

6143 RIVERWALK LN. #7

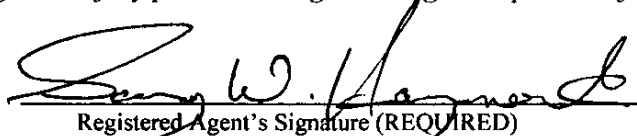
Florida street address (P.O. Box NOT acceptable)

JUPITER

FL 33458

City, State, and Zip

*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)

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DIVISION OF CORPORATIONS

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

GARY W. HAYMOND / MGRM

6143 RIVERWALK LN.#7

JUPITER, FL.

33458

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

GARY W. HAYMOND

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)**