

L07000 118040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

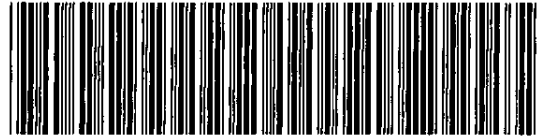
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 27 AM 10:06

1187-5346

**COVER LETTER**

**TO:** Registration Section  
Division of Corporation

**SUBJECT:** STONEAXE, LLC.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Thomas W. Franchino  
(Name of Person)

Law Office of Thomas W. Franchino, P.A.  
(Name of Firm/Company)

1250 North Tamiami Trail, Suite 106  
(Address)

Naples, Florida 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas W. Franchino at (239) 263-8357  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$155.00 for the Filing Fee and Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Overnight Delivery Address:**  
Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2007

THOMAS W FRANCHINO, PA  
1250 N TAMiami TRAIL  
STE 106  
NAPLES, FL 34102

SUBJECT: STONE AXE, LLC  
Ref. Number: W07000056316

RECEIVED  
07 NOV 27 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for STONE AXE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is NO corporation by the name of "The Law Office of Thomas W. Franchino, P.A.". Please correct the name of the registered agent as we have the corporation filed on our database.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 207A00066052

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

**STONE AXE, LLC.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 1250 North Tamiami Trail, Suite 106  
Naples, Florida 34102

Mailing Address: 1250 North Tamiami Trail, Suite 106  
Naples, Florida 34102

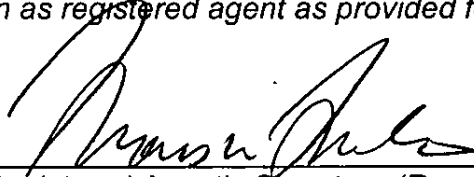
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

(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 is:

THOMAS W. FRANCHINO, P.A.  
1250 North Tamiami Trail, Suite 106  
Naples, Florida 34102

*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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 27 AM 10:06

**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:**

MGRM

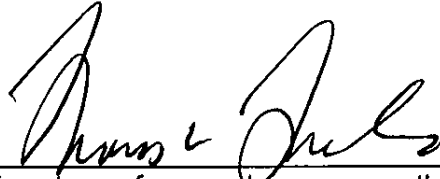
Thomas W. Franchino  
1250 North Tamiami Trail  
Suite 106  
Naples, Florida 34012

(Use attachment if necessary)

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

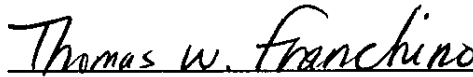
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)



Type or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)