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SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

MAY - 2 2008

**EXAMINER** 

## **COVER LETTER**

	Division of Corporations	
	SUBJECT: WHOLESALE STONE INTERNATIONAL, 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:	
	James R. Watts Jr	
	(Name of Person)	_
	WHOLESALE STONE INTERNATIONAL, LLC	
	(Firm/Company)	-
	2419 Pinewood Circle	
	(Address)	900 E
	Naples, FL 34105  (Address)	1552 1753 1753
	(City/State and Zip Code)	7890 1890 1890 1890 1890 1890 1890 1890 1
	(City/State and Zip Code)  For further information concerning this matter, please call:	
	James R. Watts Jr 239 272-3185	0,
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
1	\$125.00 Filing Fee \$\bigsiz\$\$ \$130.00 Filing Fee \$\bigsiz\$\$ \$\bigsiz\$\$ \$155.00 Filing Fee \$\bigsiz\$\$ \$\$ \$160.00 Filing Fee, Certificate of Status \$\$ \$Certified Copy (additional copy is enclosed) \$\$ \$Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
WHOLESALE STONE INTE	ERNATIONAL, LLC
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2419 Pinewood Circle	2419 Pinewood Circle
Naples, FL 34105	Naples, FL 34105
	Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	ts own Registered Agent. You must designate an individual or another  1.)

The name and the Florida street address of the registered agent are:

James R. Watts Jr

Name
2419 Pinewood Circle

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

Naples, FL 34105 FL 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)

(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:

"MGR" = Manager	
"MGRM" = Managing Member	
President	James R. Watts Jr
<del> </del>	2419 Pinewood Circle
	Naples, FL 34105
Vice-President	Deidne K. Wetts
	2419 Pinewood Circle
	Ne. Plas, Fr 34105
	, , , , , , , , , , , , , , , , , , ,
	<u> </u>
	<u>-</u>
(Use attachment if necessary)	-
`	
LEV: Effective date, if other than t	he date of filing: (OPTION
	be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE:	
	2/1
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Filing Fees:

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

James R. Watts Jr

that the facts stated herein are true.)

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

Typed or printed name of signee