

Division of Corporations

**L08000049589**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Stonehaven Solutions LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Stonehaven Solutions LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

115 Oak View Place

115 Oak View Place

Sanford, FL 32773

Sanford, FL 32773

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Cephas Thomas

Name

115 Oak View Place

(P.O. Box or Mail Drop Box NOT Acceptable)

Sanford, FL 32773

(City / State / 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 - Cephas Thomas

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM


Cephas Thomas - 115 Oak View Place, Sanford, FL 32773

MGRM

Abram Thomas - 115 Oak View Place, Sanford, FL 32773

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

**Cephas Thomas**

\_\_\_\_\_  
Typed or printed name of signer

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