

L160000044031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

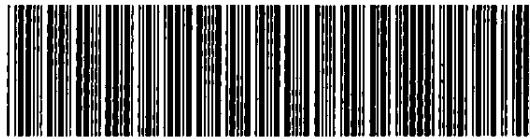
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400176996674

04/23/10--01047--006 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 23 AM 10:54

B. KOHR

APR 27 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOTHER EARTH STONE, LLC.  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 23 AM 10:54

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

Please return all correspondence concerning this matter to the following:

ALFRED F. GERKEN

Name of Person

MOTHER EARTH STONE, LLC.

Firm/Company

471 ARUBA CT

Address

SATELLITE BEACH, FL 32937

City/State and Zip Code

FGERKEN@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRED GERKEN

Name of Person

at (321) 403-5611

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MOTHER EARTH STONE, 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:**

471 MOTHER EARTH STONE, LLC.  
471 ARUBA CT  
SATELLITE BCH, FL 32937

**Mailing Address:**

MOTHER EARTH STONE, LLC.  
471 ARUBA CT  
SATELLITE BCH, FL 32937

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

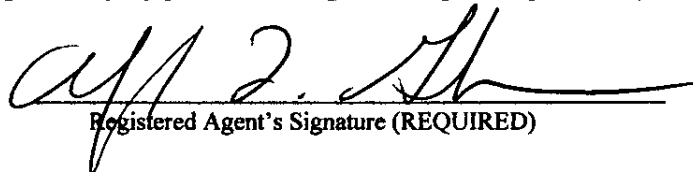
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALFRED F. GERKEN  
Name

471 ARUBA CT  
Florida street address (P.O. Box **NOT** acceptable)  
SATELLITE BCH FL FL 32937  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 23 AM 10:54

**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:**

MGR

ALFRED F. GERKEN, JR  
471 ARUBA CT  
SATELLITE BEACH, FL 32937

MGRM

JEFF KLOTZ  
1265 HOWELL DR N  
NEWARK, OH 43055

MGRM

TOBIAS LENNON  
563 LINNVILLE RD  
HEATH, OH 43056

MGRM

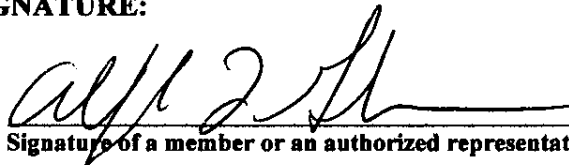
TRENT PYLE  
P.O. BOX 825  
CALHOUN, LA 71225  
CLINT COLEMAN  
P.O. BOX 482  
CALHOUN, LA 71225

(Use attachment if necessary) MGRM

**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.)

ALFRED F. GERKEN

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)**