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SECRETARY OF STATE
ANALYSES FLORING

D. BRUCE

MAR 9 2011

EXAMINER

COVER LETTER

	legistration Division of C	Section Corporations					
SUBJECT	r: Ston	eSoup Technologi	es				
		Name of Limite	ed Liability Company			•	
The enclos	sed Articles	of Organization and fee(s) are s	submitted for filing.				
Please retu	ırn all corre	spondence concerning this matte	er to the following:				
M	lichael	luetjen					
			Name of Person				
S	toneSo	oup Technologies I	LLC				
			Firm/Company	-			
6	355 La	Costa Drive Unit B	3				
			Address		ECR LLA		
Во	ca Rat	on, Florida 33433			ETAI HAS	5 -	~
		•	y/State and Zip Code		SEE.		
lue	etjenm@	gmail.com E-mail address: (to be used f	or future annual report notification)		<u> </u>	A THE	
For furthe	r informatic	on concerning this matter, please	e call:		TATE	4	
Michae	el Luetje	n	at (561) 809-9878	3			
	Nan	ne of Person	Area Code & Daytime Te.	lephone Numb	per		
Enclosed	is a check	for the following amount:					
]\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Certifica Certified (additional	ate of Sta d Copy	atus &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: StoneSoup Technologies L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
6355 La Costa Drive Unit B Boca Raton, Florida 33433	6355 La Costa Drive Unit B Boca Raton, Florida 33433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the registration.	egistered agent are:
Michael Lue Name 6355 La Cos Florida street addr	ta Drine Unit Bress (P.O. Box NOT acceptable)
Boca Katan City, Stat	FL 37 4 3 5 te, 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 Signature (REQUIRED)

(CONTINUED)

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGR	Michael Luetjen
	6355 La Costa Drive Unit B
	Boca Raton, Florida 33433
	
	
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date in	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in	
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date is lower of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false.	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date is lower of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false.	member or an authorized representative of a member of an authorized representative of a member of an authorized representative of a member of this design on 608.408(3). Florida Statutes, the execution of this design on under the penalties of perjury that the facts stated her man true: a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

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)