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| (Requestor's Name) | | | |
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| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | usiness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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OCT 2 6 2015 S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| RIGHT STONE LLC | |
| Name of Limited Liabi | lity Company |
| Dear Sir or Madam: | |
| The enclosed Statement of Authority and fee(s) are submitted f | or filing. |
| Please return all correspondence concerning this matter to the f | ollowing: |
| MARTIN F. KLINGENBERG | • |
| Name of Person | |
| ATTORNEY | |
| Firm/Company | —————————————————————————————————————— |
| 1455 BLUE POINT AVENUE | ACLE MES TO |
| Address | |
| NAPLES, FL 34102 | FILED RETARY OF STATE ANASSEE, FLORIDA |
| City/State and Zip Code | |
| martin_20007@yahoo.com | 2 P |
| E-mail address: (to be used for future annual report no | otification) |
| For further information concerning this matter, please call: | |
| Martin F. Klingenberg 239 | 9 404-3546 |
| · · · · · · · · · · · · · · · · · · · | a Code Daytime Telephone Number |
| Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

STATEMENT OF AUTHORITY

| authority | | . , | nent of |
|-----------|--|---|-----------------|
| FIRST: | The name of the limited liability company is: RIGHT STO | ONE LLC | |
| SECON | D: The Florida Document Number of the limited liability con | npany is: L11000113203 | |
| | : The street address of the limited liability company's principal 1455 Blue Point Avenue | | |
| | Naples, FL 34102 | | |
| | The mailing address of the limited liability company's prince 1455 Blue Point Avenue | cipal office is: | |
| | Naples, FL 34102 | | |
| position | | anager, officer or otherwise or to a spe | FILEU 81 3 PH 3 |
| | b. No authority granted to: | | 40 |
| | May enter into other transactions on behalf of, or otherw a. Granted to: Martin F. Klingenberg | ise act for or bind, the company. | |
| | b. No authority granted to: | | |
| <u></u> | 1/4/ | Martin F. Klingenberg | |
| Signature | e of authorized tepresentative Filing Fee: \$25.00 Certified Copy: \$30.00 (| Typed or printed name of signature (optional) | ! |