L11000141230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE 01-01-12

IN DEC 15 FILE: 38

B. BOSTICK

DEC 1 6 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Stone Creek Homes LLC	ited Liability Company	
	Name of Limi	ted Liability Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this ma	tter to the following:	
	C Morgon Duon		
	C.Morgan Ryan	Name of Person	
		Firm/Company	
	14017 N. Rome Ave.		
	14017 N. Home Ave.	Address	
			<u> </u>
7	ampa, Florida 33613		
		ty/State and Zip Code	
<u>!</u>	urbanscape2000@yahoo.com	for future annual report notification)	<i>‰.</i> c⊓
		,	PHIZ: 35
For fur	ther information concerning this matter, pleas	e call:	
C Mo	organ Ryan	919 477 1994	
	Name of Person	at (813 477-1894 Area Code & Daytime Telephone Nur	nber
		The sale to say the respiction is a	
Enclos	sed is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	Certified Copy Certified	O Filing Fee, cate of Status & ed Copy
			nal copy is enclosed
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	٠
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:			
Stone Creek Homes LLC				
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	· _ · · · · · · · · · · · · · · · · · ·	-	
ARTICLE II - Address:				
The mailing address and street address	s of the principal office of the Limited L	iability (Comp	any is:
Principal Office Address:	Mailing Address:			
4017 N. Rome Ave	14017 N. Rome Ave.		_	
				
ampa, Florida 33613	Tampa, Florida 33613		-	
ARTICLE III - Registered Agent, R	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an indi	's Signat	- ture: nother	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the statement of the st	vidual or an	nother	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the statement of the st	vidual or an	nother	.er ∨mg 2. g
ARTICLE III - Registered Agent, Rother Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the statement of the st	vidual or an	other	iven Comming Comming Commission Commission Commission Commission Section
ARTICLE III - Registered Agent, Rother Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an indirect of the registered agent are: Name	vidual or an	11 DEC 15	over Comp
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address C. Morgan Ryan 14017 N. Rome A	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an indirect of the registered agent are: Name	vidual or an	11 DEC 15 Fil	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address C. Morgan Ryan 14017 N. Rome A	Tampa, Florida 33613 egistered Office, & Registered Agent's own Registered Agent. You must designate an indirection of the registered agent are: Name Name	vidual or an	11 DEC 15	

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..

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:

ttachment if necessary) Effective date, if other than the date of	C. Morgan Ryan 4017 N. Rome Ave. Tampa, Florida 33613 of filing: Jan. 1, 2012 ific and cannot be more than five business day
ttachment if necessary) Effective date, if other than the date of the date is listed, the date must be specified.	4017 N. Rome Ave. ampa, Florida 33613 of filing: Jan. 1, 2012 . (OPTIONA
ttachment if necessary) Effective date, if other than the date of the date is listed, the date must be specified.	of filing: Jan. 1, 2012 . (OPTIONA
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<u>IIRED</u> SIGNATURE:	
Signature of a member or a	authorized representative of a member.
(In accordance with section 608.408(3 constitutes an affirmation under the pe), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, submitted in a document to the Department of State evided for in s.817.155, F.S.)
C.Morgan Ryan	A SE
Typed or	printed name of signee
Filing Fees:	第 <u>元</u> 2.
5.00 Filing Fee for Articles of Organizatio of Registered Agent 9.00 Certified Copy (Optional)	n and Designation