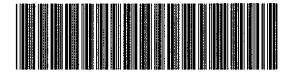
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2012 JAN 24 AM 10; 47 SECRETARY OF STATE TALLAHASSEE, FLORIO?

C. LEWIS

JAN 2 5 2012

EXAMINER

COVER LETTER

Registration Section Division of Corporations STONEYBROOK ACCOUNTING SERVICES LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TAMMY L VELOTTA Name of Person STONEYBROOK ACCOUNTING SERVICES LLC Firm/Company 21248 BRAXFIELD LOOP Address ESTERO FLORIDA 33928 City/State and Zip Code velotta1@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAMMY L VELOTTA Name of Person Enclosed is a check for the following amount: **▼**\$125.00 Filing Fee **■**\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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:

STONEYBROOK ACCOUNTING SERVICES 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:	Mailing Address:		
21248 BRAXFIELD LOOP ESTERO FLORIDA 33928	21248 BRAXFIELD LOOP ESTERO FLORIDA 33928		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		ndividual or another	
The name and the Florida street address of t	he registered agent are:	T IL. 2012 JAN 24 SECRETAR FALLAHASS	
TAMMY L VELOTT	A	N2I TAF	
Na	ame		
21248 BRAXFI	ELD LOOP	The state of the s	
Florida stree	t address (P.O. Box NOT acceptable)	SIMIE FLORIDA	
ESTERO	_{FL} 33928	DIF 1	
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)

Page 1 of 2

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

FILED

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	GECRETARY OF ST TALLAHASSEE, FLO
MGRM	TAMMY L VELOTTA 21248 BRAXFIELD LOOP ESTERO FLORIDA 33928	
(Use attachment if necessary)		
ICLE V: Effective date, if other that effective date is listed, the date m 90 days after the date of filing.)	n the date of filing:ust be specific and cannot be more tha	(OPTIONAL) In five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TAMMY L VELOTTA

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)