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SECRETARY OF SAME OF STORY OF SAME OF

C. LEWIS
JAN 1.5 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

Stones Throw Consulting, 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:

r rease retain an corresp	ondence concerning and mac	ioi to mo ionowin	6.	
Charles	s Peluso			
		Name of Person		
Stones	Throw Consu	ulting, LL	₋C.	
		Firm/Company		
10231	S.W. Stones	Throw T	errace	
		Address		
Palm C	ity, FL 34990			
	Ci	ty/State and Zip Co	de	
	E-mail address: (to be used	for future annual re	port notification)	
For further information	concerning this matter, please	e call:		
Charles Pe	eluso	_{at} 516	_, 729-13	391
Name	of Person	Area Coo	de & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified C	~	\$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:	
Stones Throw Consulting, LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10231 S.W. Stones Throw Terrace Palm City, FL 34990	10231 S.W. Stones Throw Terrace Palm City, FL 34990
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Charles Peluso	
Name	
10231 S.W. Stones Throw Terrace Florida street address (P.O. Box NOT acceptable)	
Palm City, FL 39490	FL accoptance
City, State	e, 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): The name and address of each Manager or Managing Member is as follows: Secretary of Start Name and Address: Title: 2013 JAN 14 PM 1: 45 "MGR" = Manager "MGRM" = Managing Member MGRM Charles Peluso 10231 S.W. Stones Throw Terrace Palm City, FL 34990 (Use attachment if necessary) 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. 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.)

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)