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SECULIARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Chemstone of Port Richey, 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:

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Address		
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	rt notification)	
N:		
į	ate and Zip Code uture annual repo	ate and Zip Code uture annual report notification)

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125:00 Filing Fcc

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

■ \$160.00 Filing Fec, 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 Com	pany is:	
Chemstone of Port Richey, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
8150 Rose Petal Ct	8150 Rose Petal Ct	
Port Richey, Fl 34668	Port Richey, FI 34668	
	gistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	
The name and the Florida street address	of the registered agent are:	2012 OCT SACRATI
David P. Zumstein		
Name		が着 2g F
8150 Rose Petal Ct		
Florida	street address (P.O. Box NOT acceptable)	
Port Richey,	FL 34668	3 =
	City, State, and Zip	T;>

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGR	David P. Zumstein
	8150 Rose Petal Ct
	Port Richey, FI 34668
	and the second of the second o
	han the date of filing: (OPTIONAL)
or an effective date is listed, the date of fil	e must be specific and cannot be more than five business days ling.)
REQUIRED SIGNATURE:	
10	widt Zumate
~ / /	member or an authorized representative of a member.
	on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State 2000.
constitutes a third degre	e felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
	ryped or printed name or 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)