L1400007869

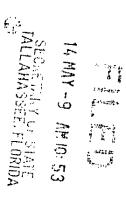
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





400259946704

05/09/14--01009--011 **160.00



J. Shivers MAY 1 5 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Stone Preservers LLC Name of Li	mited Liability Company	,,-
	closed Articles of Organization and fee(s) a		
Please	return all correspondence concerning this n	natter to the following:	
	Merrill Fowler		
		Name of Person	
	c/o Mark Spring	Firm/Company	
	300 Buena Vista Blvd.		
		Address	
	Ft. Myers, FL 33905	City/State and Zip Code	
.m.	errillfowler@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Merrill</u>	Fowler at (239) 850-1147 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	0 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Stone Preservers LLC				
	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the principal o	ffice of the Limited Liability Company is:			
Pulmainal Office Address.	Matthews Address.			
Principal Office Address:	Mailing Address:			
300 Buena Vista Blvd.	300 Buena Vista Blvd.			
Ft, Myers, FL 33905	Ft. Myers, FL 33905			
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)			
Merrill Fowler				
Name				
300 Buena Vista Blvd.				
Florida street address (P.O. Box <u>NOT</u> acceptable)				
Ft. Myers	FL 33905			
City	Zip			
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S			
(CONTINUI	ED)			
Page 1 of 2	14 MAY -9 AH IQ: 53 TALLAHASSEE, FLORIDA			

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Merrill Fowler 300 Buena Vista Blvd. Ft. Myers, FL 33905
AMBR MGR	Mark Steven Spring Jr. 300 Buena Vista Blod. Ft. Muers, FL 33905
MGR	Jeffray Michael Fowler 3422 Osce012 Ave. Naples, FL 34112
<u> </u>	
(Use attachment if necessary)	
ARTICLE VI: Other provisions, if any.	
(In accordance with section 605.02) constitutes an affirmation under the	or or an authorized representative of a member. O3 (1) (b), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.)
Merrill Fowler	Av.
	Filling Fees: Exation and Designation of Registered Agent
	Page 2 of 2

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: