L14000100266

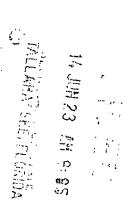
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(60	Silless Entity (vai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		





800260896668

06/86/14--01020--018 **125.00





June 10, 2014

VALERIY KOLESNIK 2690 GRANADA RUN WINTER PARK, FL 32792

SUBJECT: PRO STONE Ref. Number: W14000036039

We have received your document for PRO STONE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 514A00012527

www.sunbiz.org

CO DO DOVO

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: PRO STONE	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
	. (4.110 5) 5.1		
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Valeriy Kolesnik		
		Name of Person	
	DDO STONE		
	PRO STONE	Firm/Company	
	·		
	2690 Granada Run		
		Address	
	Winter Park FL 32792	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		,	
.Vč	alkolesnik@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ase call:	
	,		
Valeri	y Kolesnik at (at (360) 2135727	<u> </u>
	Name of Person	Area Code Daytime Te	lephone Number
Enclos —	sed is a check for the following amount:	_	_
2 \$125.6	00 Filing Fee \$\sum \text{Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
		حديد المدين إيم	
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress
	Division of Corporations	Division of Corpora	tions

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
PRO STONE LLC. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2690 Granada Run Winter Park FL 32792	2690 Granada Run Winter Park FL 32792
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or .)
The name and the Florida street address of the registered a	igent are:
<u>Valeriy Kolesnik</u> Name	
2690 Granada Run Florida street address (P.O. Box	NOT acceptable)
Winter Park	FL 32792
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	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 igations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signatu	(REQUIRED)
(CONTINUE	
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized M	Name and Address:	
"MGR" = Manager	lember	
Valeriy Kolesnik	Valeriy Kolesnik	
anner	2690 Granada Run	
	Winter Park FL 32792	
	W-10-10-10-10-10-10-10-10-10-10-10-10-10-	· · · · · · · · · · · · · · · · · · ·
	_	
		
(Use attachment if necess		
LE V: Effective date, if oth	er than the date of filing: ate must be specific and cannot be more than five	(OPTIONAL) business days prior to or 90 da
LE V: Effective date, if oth ffective date is listed, the de of filing.)	er than the date of filing:ate must be specific and cannot be more than five	(OPTIONAL) business days prior to or 90 da
LE V: Effective date, if oth ffective date is listed, the desorting.)	er than the date of filing:ate must be specific and cannot be more than five	(OPTIONAL) business days prior to or 90 da
LE V: Effective date, if oth ffective date is listed, the desorting.)	er than the date of filing:ate must be specific and cannot be more than five	(OPTIONAL) business days prior to or 90 da
LE V: Effective date, if oth	er than the date of filing:ate must be specific and cannot be more than five any.	(OPTIONAL) business days prior to or 90 da
LE V: Effective date, if oth ffective date is listed, the de of filing.) LE VI: Other provisions, if REQUIRED SIGNATU	er than the date of filing: ate must be specific and cannot be more than five any. RE:	business days prior to or 90 da
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig	er than the date of filing: ate must be specific and cannot be more than five any. RE: figure of a spember or an authorized representation	business days prior to or 90 days
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Signature (In accordance)	ate must be specific and cannot be more than five any. RE: Instruct of a member or an authorized representativith section 605.0203 (1) (b), Florida Statutes, the content of the section	tive of a member.
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Signaccordance constitutes an a	ate must be specific and cannot be more than five any. RE: Specific and cannot be more than five any. RE: Specific and cannot be more than five any. RE: Specific and cannot be more than five any.	tive of a member. execution of this document ts stated herein are true.
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Signature (In accordance constitutes an a I am aware that	ate must be specific and cannot be more than five any. RE: Instruct of a member or an authorized representativith section 605.0203 (1) (b), Florida Statutes, the content of the section	tive of a member. execution of this document ts stated herein are true. the Department of State
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sign (In accordance constitutes an a I am aware that constitutes a thi	RE: Another than the date of filing: any. RE: Another of a member or an authorized representativith section 605.0203 (1) (b), Florida Statutes, the effirmation under the penalties of perjury that the fact any false information submitted in a document to the degree felony as provided for in s.817.155, F.S.)	tive of a member. execution of this document ts stated herein are true. the Department of State
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sign (In accordance constitutes an a I am aware that constitutes a thi	ate must be specific and cannot be more than five any. RE: nature of a number or an authorized representativith section under the fact any false information submitted in a document to the rd degree felony as provided for in s.817.155, F.S.)	tive of a member. execution of this document ts stated herein are true. the Department of State.
LE V: Effective date, if oth ffective date is listed, the de e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sign (In accordance constitutes an a I am aware that constitutes a thi	RE: Another than the date of filing: any. RE: Another of a member or an authorized representativith section 605.0203 (1) (b), Florida Statutes, the effirmation under the penalties of perjury that the fact any false information submitted in a document to the degree felony as provided for in s.817.155, F.S.)	tive of a member. execution of this document ts stated herein are true. the Department of State
ELE V: Effective date, if oth ffective date is listed, the de of filing.) ELE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a thi	RE: RE: RE: RE: RE: RE: RE: RE:	tive of a member. execution of this document ts stated herein are true. the Department of State
LE V: Effective date, if oth ffective date is listed, the de of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Signature (In accordance constitutes an all am aware that constitutes a thing the signature of the signat	any. RE: RE: RE: RE: RE: RE: RE: RE	tive of a member. execution of this document ts stated herein are true. the Department of State.
ELE V: Effective date, if oth ffective date is listed, the de of filing.) ELE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a thi	any. RE: RE: RE: RE: RE: RE: RE: RE	tive of a member. execution of this document ts stated herein are true. the Department of State