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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lisa Stone Real Estate UC 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:
LISA Stone Name of Person
Lisastone Real Estate LC
3285 Churchill Drive
Boynton BEACH, FC 33435 City/State and Zlp Code [15a Stone 04@ aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LISA STONE at (954) 242 4416 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \times Status Stat

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

The name of the Limited Liability Compa	iny is:		
LISA-Stone (Must end with the	Real Consords "Limited Liab	STATE LL oility Company, "L.L.C.," or	C "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office	of the Limited Liability Co.	mpany is:
Principal Office Address:	<u>N</u>	lailing Address:	_
3285 Churchill Dr. Bounton Brach, Fl.3:	34.35 E	3285 Churchil Saynton Beach	1,7(3345
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot s another business entity with an active Flo	erve as its own Regi		
The name and the Florida street address o	f the registered ager	nt are:	<u> 28</u>
Lis	a Stone	•	
	Name	. >	
3285	Chuchil	Dr.	
Florida street add	iress (P.O. Box <u>NO</u>	T acceptable)	
<u> 1904NTON</u>	CONTRACT	FL 3345)	
U	City	Σιμ	gen a
Having been named as registered agent a the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an	I hereby accept the the provisions of all	appointment as registered a statutes relating to the prop ons of my position as registe	gent and agree to act in this er and complete performance
	Till In	Ano	
Rogistered	Agent's Signature	(REQUIRED)	
	(CONTINUED)		

Page 1 of 2

<u>Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Lisa Stone
	Boynton BEACH, 7/3343
	80911101 0 CHO1, 17 SO)
•	
Use attachment if necessary) V: Effective date, if other than the date of fill	ing: 4/7/2015 (OPTIONAL)
CV: Effective date, if other than the date of file ctive date is listed, the date must be specific filling.)	ing: 4/7/2015 (OPTIONAL) and cannot be more than five business days prior to or 90
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C.V: Effective date, if other than the date of file ctive date is listed, the date must be specific filing.) C.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	and cannot be more than five business days prior to or 90 Afficial Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of file of the date is listed, the date must be specific filing.) EVI: Other provisions, if any. Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information.	and cannot be more than five business days prior to or 90 Afficial Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State
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Page 2 of 2