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SECRETARY OF STATE

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# **COVER LETTER**

	Division of Corporations			
SUBJECT	Let's Stone It			
SOBJECT		nited Liability	/ Company	
The enclos	sed Articles of Organization and fee(s) ar	e submitted fo	or filing.	
Please retu	urn all correspondence concerning this ma	atter to the fol	lowing:	
	Ari Hauer			
		Name of P	erson	
	Let's Stone It			
	<u> </u>	Firm/Com	pany	
	5321 W Hillsboro Blvd Apt#106			
		Addres	S	_
	Coconut Creek, FL 33073			
	Carihauer@yahoo.com	City/State and	Zip Code	
	E-mail address: (to be used	for future and	nual report notifica	tion)
For further i	information concerning this matter, please	e call:		
	Ari Hauer 33	3073	561-542-8786	
		rea Code	Daytime Telepho	ne Number
Enclosed i	is a check for the following amount:			
<b>]</b> \$125.00 F	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	LlCertified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	N D	treet Address ew Filing Section ivision of Corporat lifton Building	ions

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARIST AN S.S.

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Let's Stone It, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC,")

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5321 W Hillsboro Blvd Apt#106	5321 W Hillsboro Blvd Apt#106
Coconut Creek, FL 33073	Coconut Creek, FL 33073

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ari Hauer		
	Name	
5321 W Hillsboro B	lvd Apt#106	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Coconut Creek	FL	33073
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager		Name and Address:		
	MGR		Ari Hauer		
			5321 W Hillsboro Blvd Apt#106		
			Coconut Creek, FL 33073		
	41 1 16				
	(Use attachment if nece	ssary)			
TIC	fective date is listed, the	date must be specific and	: (OPTIONAL) d cannot be more than five business days prior to or 90 days		
an ef date <u>ote:</u> T			applicable statutory filing requirements, this date will not be li		
f an ef e date <u>ote:</u> I se doct	If the date inserted in this ument's effective date on	the Department of State's			
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an ef e date ote: I e docu	If the date inserted in this ument's effective date on	the Department of State'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)