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(Re	equestor's Name)	
(Ad	ldress)	· •
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

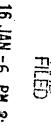




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SECRETARY OF STATE TALL AHASSEE, PLORIDA



14

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJEC	STONE'S PAINTING LLC	
SUBJEC		Limited Liability Company
The encl	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the following:
	CHRIS STONE	
		Name of Person
	STONE'S PAINTING LLC	
		Firm/Company
	6833 WARREN ROAD	
		Address
	MILTON, FL 32583	
		City/State and Zip Code
	E-mail address: (to be u	sed for future annual report notification)
For further	er information concerning this matter, pl	ease call:
	CHRIS STONE	850 626-1871
	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

AND

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

16 JAN -6 PM 3: 16

SECRETARY OF STATE TAILAHASSEE. FLORIDA

STONE'S	PAI	NTIN	IG I	1	C
O LEGINIC O	1 1	1 1 1 1			•

(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:

<u>Princip</u>	al Office Address:		Mailing Address:
6833 WARREN RO	AD	68.	33 WARREN ROAD
MILTON, FL 325	83	MI	LTON, FL 32583
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent on.)	ent's Signature: :. You must designate an individual or
		Name	
	6833 WARREN RO	AD	
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	MILTON	<u>FL</u>	32583
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	thorized to manage and control the Limited Lia	ability Company:
Title:	Name and Address:	16 JAN -6 PM 3
"AMBR" = Authorized Member		SECRETARY OF STALLAHASSEE, FLOR
"MGR" = Manager	OUDIO CTONE	ALL AHASSEE FLOOR
MGR	CHRIS STONE 6833 WARREN ROAD	
	MILTON, FL 32583	· · · · · · · · · · · · · · · · · · ·
	WILTON, FL 32363	
		<u> </u>
(Use attachment if necessary)		
ICLE V: Effective date, if other than the date is listed, the date must be spate of filing.) If the date inserted in this block does not it.	e of filing: 01-01-2016 Decific and cannot be more than five business The applicable statutory filing requirement of State's records.	days prior to or 90 days after
ICLE V: Effective date, if other than the date a reffective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business meet the applicable statutory filing requiremen	days prior to or 90 days after
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not not not more distributed and the Department occument's effective date on the Department ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a manual of the Department is executed an aware that any false.	pecific and cannot be more than five business meet the applicable statutory filing requiremen	days prior to or 90 days after its, this date will not be listed as member. b), Florida Statutes.
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not a comment's effective date on the Department CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed am aware that any false.	tember or an authorized representative of a cated in accordance with section 605.0203 (1) (to be felony as provided for in s.817.155, F.S.	days prior to or 90 days after its, this date will not be listed as member. p), Florida Statutes.

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)