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(Req	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP		
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	Stone	Sidge Goog, UC
	Name of L	Limited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this	matter to the following:
	7	Frank Soler
		Name of Person
	Name of Person Stone bridge Googh Firm/Company 10770 NW 66 37. #212 Address	
		Firm/Company
	10770 NW	66 St. #212
		Address
	Dora	City/State and Zip Code 2 is zow O gmail-com ed for future annual report notification)
		City/State and Zip Code
_	Franksol	=>is 2000 gmail-com
	E-mail address: (to be use	ed for future annual report notification)
For further in	formation concerning this matter, plea	ase call:
	Frenk Soher at	305 498-9930
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	-	\$155.00 Filing Fee & \$160.00 Filing Fee,
J	Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



November 18, 2015

FRANK SOLER 10770 NW 66 ST #212 DORAL, FL 33178

SUBJECT: STONEBRIDGE GROUP, LLC

Ref. Number: W15000075661

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

Please complete Article(s) II & IV.

Please return 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) 245-6052.

Letter Number: 215A00024358

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end	Stones ridge (Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street a	address of the principal office of the	Limited Liability Company is:	
Princip	oal Office Address:	Mailing Address:	
10170 NW	66 st. # 212	seme_	
Doral 33,78	T/orida		
(The Limited Liability Company another business entity with an	active Florida registration.) address of the registered agent are:	Agent. You must designate an individual or	00 era
		·	P .
	10770 NW 6	6 St. #212	
	10770 Nat 60 Florida street address (P.O. Box	NOT acceptable)	1 : I'
	10770 Nat 60 Florida street address (P.O. Box	6 St. #212	PH 1: 14

Page 1 of 2

(CONTINUED)

	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	Frank Solev
	"MGR" = Manager MANAGER	10770 N20 66 St. # 212
	MGR	33/78
	AMBR	Grmen P. Ivagorii
	AMBR	Andrea Arias Darrera 11336 NNO SH Torraide
If an ei he date	e of filing.)	ecific and cannot be more than five business days prior to or 90 days aft
If an ei he date <u>Note:</u>	LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.)	need the applicable statutory filing requirements, this date will not be listed
If an etche date Note: the doc	LE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not a	need the applicable statutory filing requirements, this date will not be listed
If an etche date Note: the doc	LE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not a ument's effective date on the Department	need the applicable statutory filing requirements, this date will not be listed
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(If an et the date <u>Note:</u> the doc	LE V: Effective date, if other than the date ffective date is listed, the date must be spectfiling.) If the date inserted in this block does not a ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mean of the document is execular an aware that any false.	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. emberor an authorized representative of the description of Statutes. emberor an authorized representative of the description of Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)