

LL000163066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

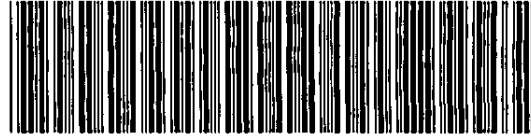
(Business Entity Name)

(Document Number)

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16 AUG 18 PM 5:36  
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OF MASSACHUSETTS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Stonefish LLC  
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:

Nathaniel Boyce  
Name of Person

Stonefish  
Firm/Company

114 PONCE DE LEON DRIVE  
Address

Ormond Beach FL 32176  
City/State and Zip Code

Daytonanate@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nate Boyce at (386) 566-9864  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional 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  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2016

NATHANIEL ROYCE  
114 PONCE DE LEON DR  
ORMOND BEACH, FL 32176

SUBJECT: STONEFISH LLC  
Ref. Number: W16000055214

RECEIVED

16 AUG 18 PM 12:22

DATE RECEIVED

We have received your document for STONEFISH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 816A00016830

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stonefish Rocks LLC  
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:

Nathaniel J. Royce  
Name of Person

Stonefish Rocks LLC  
Firm/Company

114 Ponce DeLeon Dr.  
Address

Ormond Beach FL 32176  
City/State and Zip Code

Daytonanate@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nate Royce at (386) 566-9864  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stonefish Rocks 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:

1011 N. US 1  
Ormond Beach FL  
32174

Mailing Address:

114 Ponce De Leon Dr.  
Ormond Beach FL  
32176

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.)

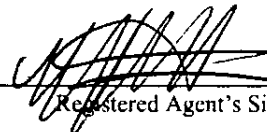
The name and the Florida street address of the registered agent are:

Nathaniel Royce  
Name

114 Ponce De Leon Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach FL 32176  
City 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)

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16 AUG 18 PM 5:36  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
COUNTY OF VOLUPE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

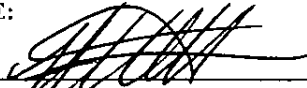
Nathaniel J. Boyle  
114 Ponce DE Leon Dr.  
Ormond Beach FL 32176

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08-01-2016 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nathaniel J. Boyle

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)**