

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GENESIS TAX HOUSE OF FLORIDA, INC.  
Account Number : 120110000068  
Phone : (800) 460-4829  
Fax Number : (617) 507-0782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
STStones PB LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION**  
**OF**  
**STSTONES PB LLC**

**A Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes**

**ARTICLE I – NAME**

The name of this Limited Liability Company shall be  
**STSTONES PB LLC**  
(Hereinafter, "Company").

**ARTICLE II – ADDRESS**


The principal office address of this Company shall be:  
**2300 W COPANS ROAD UNIT 1**  
**POMPANO BEACH, FL 33069**

and the mailing address of this Company shall be:  
**SAME AS PRINCIPAL**

**ARTICLE III – INITIAL REGISTERED OFFICE AND AGENT**

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

**SIVAKUMAR THALAMUTHU**  
**2300 W COPANS ROAD UNIT 1**  
**POMPANO BEACH, FL 33069**

  
\_\_\_\_\_  
**Registered Agent**

*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..*

#### **ARTICLE IV – MANAGEMENT**

The name and address of each person authorized to manage and control the Limited Liability Company until the successors are elected and qualified in accordance with the regulations of this Company:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
<b>STALLIANCE LLC Manager</b>	<b>2300 W COPANS ROAD UNIT 1 POMPAÑO BEACH, FL 33069</b>

#### **ARTICLE V – DURATION / TERM OF EXISTENCE**

This Company shall commence its existence on the date of the filing of these Articles with the Department of State. The existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization.

#### **ARTICLE VI – PURPOSE OF BUSINESS AND POWERS**

This Company may engage in any legal and lawful activity or business permitted under the laws of the United States and of this state. This Company may exercise all power and rights which a limited liability company may exercise under the Florida Limited Liability Company Act.

#### **ARTICLE VII – ADMISSION OF NEW MEMBERS**

No additional members shall be admitted to this Company except with the unanimous consent of the majority of the members of this Company and on the terms determined by these Articles of Organization.

#### **ARTICLE VIII – AMENDMENT**

These Articles of Organization may be amended in accordance with the Florida Limited Liability Company Act.

#### **ARTICLE IX – MEMBERS RIGHT TO CONTINUE BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event that terminates the continued membership

1.866.325.3829  
304 Somerville Ave. Somerville, MA 02143  
14 Union Ave. Framingham, MA 01702



1.800.460.4829  
411 SE Mizner Blvd Ste 72  
Boca Raton, FL 33432

of a member in this Company, the remaining members shall have the right to continue the business provided there is at least one remaining member.

**ARTICLE XII – DISSOLUTION**

This Company may be dissolved at any time on the affirmative vote of at least two thirds (2/3) of majority of the members of this Company entitled to vote thereon. On dissolution, the Company's property and assets shall, after payment of all debts of the Company, be distributed to the members according to the preceding contribution of each one to the capital of this Company.

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.

September 22, 2016.



\_\_\_\_\_  
**STALLIANCE LLC**  
Member or Authorized Representative of a Member

<b>Form SS-4</b> (Rev. January 2010) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0000 EIN		
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>STSTONES PB LLC</b>				
<b>2</b> Trade name of business (if different from name on line 1) 		<b>3</b> Executor, administrator, trustee, "care of" name 		
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>2300 W COPANS ROAD UNIT 1</b>		<b>5a</b> Street address (if different) (Do not enter a P.O. box.) 		
<b>4b</b> City, state, and ZIP code (if foreign, see instructions) <b>POMPANO BEACH, FL 33089</b>		<b>5b</b> City, state, and ZIP code (if foreign, see instructions) 		
<b>6</b> County and state where principal business is located <b>BROWARD, FL</b>				
<b>7a</b> Name of responsible party <b>STALLIANCE LLC</b>		<b>7b</b> SSN, ITIN, or EIN 		
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members <b>1</b>		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>9a</b> Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.				
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>DISREGARDED ENTITY</b>				
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____				
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <b>FLORIDA</b>		<b>Foreign country</b> 		
<b>10</b> Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>SALES</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____				
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____				
<b>11</b> Date business started or acquired (month, day, year). See instructions. <b>SEPT/2016</b>		<b>12</b> Closing month of accounting year <b>DEC</b>		
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Agricultural <b>0</b></td> <td style="width: 33%;">Household <b>0</b></td> <td style="width: 33%;">Other <b>0</b></td> </tr> </table>			Agricultural <b>0</b>	Household <b>0</b>
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>		
<b>15</b> First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶				
<b>16</b> Check one box that best describes the principal activity of your business.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____				
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>STONES</b>				
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶				
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
<b>Third Party Designee</b>	Designee's name <b>LIVIA DELGADO</b>	Designee's telephone number (include area code) <b>( 954 ) 782-4000</b>		
	Address and ZIP code <b>411 SE MIZNER BLVD STE 72, BOCA RATON, FL 33432</b>	Designee's fax number (include area code) <b>( 617 ) 507-0782</b>		
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
	Name and title (type or print clearly) ▶ <b>SIVAKUMAR THALAMUTHU - MEMBER REP</b>			
Signature ▶		Date ▶ <b>9/28/15</b>		
		Applicant's telephone number (include area code) <b>( 954 ) 557-9661</b>		
		Applicant's fax number (include area code) <b>( )</b>		