

**Udoo17Ad5**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : 120070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**\*\*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.  
STONE HEIGHTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**J. FASON**

**SEP 26 2016**

16 SEP 26 PM 12:29

16 SEP 26 PM 12:42

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

STONE HEIGHTS LLC

**ARTICLE II      ADDRESS**

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

14601 SW 29TH STREET, STE 202

MIRAMAR, FLORIDA 33027

**ARTICLE III      REGISTERED AGENT**

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

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

*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.*



TRACY COTTE Registered Agent's signature

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PAGE 2 STONE HEIGHTS LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

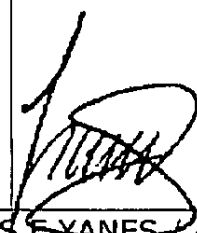
AUTHORIZED MEMBER

CARLOS E YANES

14601 SW 29TH STREET, STE 202

MIRAMAR, FLORIDA 33027

.....  
  
X

  
CARLOS E YANES / Authorized Representative's signature

*(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.)*

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