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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: mitch.kirschner@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.
IMMOSTONE CAPITAL LLC**

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

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Corporate Filing Menu

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Aug. 17. 2017 11:10AM

No. 0776 P. 2
H110002189173

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: IMMOSTONE CAPITAL 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:

Mitchell B. Kirschner, Esq.

Name of Person

Gray Robinson P.A.

Firm/Company

225 N.E. Mizner Boulevard, Suite 500

Address

Boca Raton, Florida 33432

City/State and Zip Code

mitch.kirschner@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell B. Kirschner, Authorized at 561 368-3808

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

H1170002189173

AUG. 17. 2017 11:10AM

No. 0770 a1P, 3/3
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMMOSTONE CAPITAL LLC

(Must contain 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:

Mailing Address:

c/o Philippe Cohen
9467 Harding Avenue
Surfside, FL 33154

c/o Philippe Cohen
9467 Harding Avenue
Surfside, FL 33154

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:

Gray Robinson P.A.
Name

225 N.E. Mizner Boulevard, Suite 500
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33431
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.

GRAY ROBINSON P.A.

By: [Signature]
Registered Agent's Signature (REQUIRED)
Mitchell B. Kirschner

(CONTINUED)

17 AUG 17 2017 11:10 AM
STATE
OF FLORIDA
CLERK OF THE COURT

H170002189173

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

KONI Management LLC

c/o Philippe Cohen

9467 Harding Avenue

Surfside, FL 33154

(Use attachment if necessary)

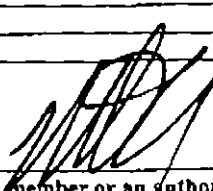
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Mitchell B. Kirschner, Authorized Representative

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)