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COVER LETTER

	w Filing Section vision of Corporation	s			
SUBJECT:	STONE	<u>2047E</u> Name of I	<u>ρ Με</u> .imited Liabi	TAL TE lity Company	CH LLC
The enclose	d Articles of Organiza	tion and fee(s)	are submitted	I for filing.	
Please return	n all correspondence co	oncerning this	matter to the	following:	
	PANIC	ic D	ETAN Name o	Person	<u> </u>
	STONE	COATE	D M Firm/Co	ETAL T ompany	ECH LLC
	604	1 5.	<i>Cu₁ 3</i> Add	o & TE	RRACE
	CAP	E C0	P+L,	ZZ rd Zin Code	33914
_					ification)
For further in	formation concerning t	his matter, ple	ase call:		
DA	NIEL DETAIN	n e R & _at (on	949 Area Code) <u>6 3 3 :</u> Daytime Tel	ephone Number
Enclosed is	a check for the followi	ng amount:			
\$125.00 Fil	ing Fee \$130.00 Certific) Filing Fee & cate of Status	L—JC ertif	00 Filing Fee & ied Copy ial copy is enclos	Certificate of Status &
	Mailing Addres New Filing Section Division of Corp P.O. Box 6327 Tallahassee, FL	on porations		Street Address New Filing Sect Division of Cor Clifton Building 2661 Executive Tallahassee, FI	porations S Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
604 5. W. 30 TER. CAPE CORAL FL 33914	54m-E

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPE CORAL FL. 33914

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..

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Regialered Agent's Signature (REQUIRED

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
• • • • • • • • • • • • • • • • • • • •	
"MGR" = Manager	The course Action 105
MGP	BANIEL DETAMORE 604 5 W 30 TER.
	CAPE COEAL FL 33914
AMBR	CAROLINE SURRELL 604 S.W. 30 TER CATE CORAL, FL 33914
	604 S.W. 30 TER
	CAPE CORAL, FL 33914
	·
(Use attachment if necessary)	
(1)se attachment it necessary)	
CLE V: Effective date, if other than the date	of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days
te of filing.)	
	neet the applicable statutory filing requirements, this date will not be list
ocument's effective date on the Department of	of State's records.

REOUIRED 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 5.817.155. F.S.

DANIEL DETIS MORE
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)