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Filong. 830*338-1300
ACCOUNT NO. : I2000000195
REFERENCE : 134621 5022577
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE: March 27, 2018
ORDER TIME : 1:24 PM
ORDER NO. : 134621-005
CUSTOMER NO: 5022577
DOMESTIC FILING
NAME: STABLE INVESTMENT TRUST LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:		•	
STABLE INVESTM	ENT TRUST LLC			·
(Must conta	in the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the L	imited Liability Company is:	
Principa	Office Address:		Malling Ad	<u>idress</u> :
932 Gardenia Drive			932 Gardenia Drive	
Delray Beach, FL 334	183		Delray Beach, FL 33483	
another business entity with an a		agent are:		
;	٠.	Name		,
	932 Gardenia Drive			· ·
	Florida street address	s (P.O. Box)	(OT acceptable)	
	Delray Beach	<u> </u>	33483	
•	City	State	Zip	
Having been named as registered at place designated in this certificate, further agree to comply with the proam familiar with and accept the obtaining the control of the c	I hereby accept the appearisions of all statules re igations of my position	cintment as re elating to the as registered	rgistered agent and agree to a proper and complete perform agent as provided for in Chap	act in this capacity. I ance of my duties, and I
•	Registe	creu Agent s	Signature (REQUIRED)	

(CONTINUED)

8 KAN 27 PM 2:51

ARTICLE IV. The name and address of each person authorized to manage and control the Limited Liability Company. Name and Address: **NAMER** = Authorized Member** **MCR** = Manager** **Memager** **Thomas S. Transovich 532 Gardenia Device Delay, FL 33463 ARTICLE V: Effective date, if other than the date of filing (OPFIONAL) (If no effective date is listed, the date must be specified and caused be more than thre beatness days prior to or 90 days after the date of filing) Note: If the date instead in his blook does not meet the applicable statistics of filing requirements, this date will not be listed in 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 -spreadatative of a member.* This document is secured of dayers fellow as provided for in a 17-15. F. S. **Thomas S. Temovich** Typed or printed name of signee **Plans Festi.* \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.3.00 Certified Copy (Optional) \$\$5.50 Certified Copy (Optional)			1 10 m		-	
The name and address of each person authorized to manage and councy the Limins January States of States. **AMBR* = Authorized Member* **MGR* = Manager* **Manager* **Thomas S. Tranovich* 537 Gardenia Drive Delray, FL 33483 ARTICLE V: Effective date, if other than the date of filing (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. **REOHRED SIGNATURE:* **Signature of a member or an authorized representative of a member.* This document is executed in a coordance with section 605,003 (1) (b), Floride Statutes. I am aware that my false information submitted in a document to the Department of State constitutes a bit degree felony as provided for in a. 817-155. F. S. Thomas S. Tranovich Typed or printed name of signee **This files Person** **Thomas S. Tranovich Typed or printed name of signee **This files are the degree felony as provided for in a. 817-155. F. S. **Thomas S. Tranovich Typed or printed name of signee **This files Person** **This						
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