3/5/2021

Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

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. IN STONE WE TRUST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: In Stone We Trust, 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:
Name of Person
Capitol Services - Corporate Filings Team
Firm/Company
515 East Park Avenue 2nd Fl
Address
Tallahassee, FL 32301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, plesse call:
a _t
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additio
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
In Stor	ne We Trust, LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LI	.C.'')
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Compr	my is:
Principal Office Address:	Maili	ing Address:
3302 Canal Street, Suite 62	3302 Canal Stree	t, Suite 62
Houston, Texas 77003	Houston, Texas 7	7003
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must design	ate an individual or
The name and the Florida street address of the registere	d agent are:	
Capitol Corpor	ate Services, Inc.	
	Name	
515 East Park	Avenue 2nd Fl	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Tallahassee F	L 32301	
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.

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manzager	
MGR	Romain Le Crom 3302 Canal Street, Suite 62
	Houston, Texas 77003
	110000111101110111111111111111111111111
	!
	<u></u>
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)