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To:

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

From:

Account Name : GRANT, COTTRELL & MILLER-MEYERS, PLLC  
Account Number : I20200000034  
Phone : (239)649-4848  
Fax Number : (239)643-9810

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

Email Address: Stonebaymike@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**StoneBay Insurance, L.L.C.**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I  
NAME

The name of the Limited Liability Company is:

STONEBAY INSURANCE, L.L.C.

ARTICLE II  
ADDRESS

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

7798 Gardner Road #201  
Naples, Florida 34109

ARTICLE III  
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV  
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the name and address of such Managing Members are:

Michael J. Mellion  
7798 Gardner Road #201  
Naples, Florida 34109

ARTICLE V  
ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

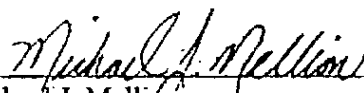
ARTICLE VII  
REGISTERED AGENT

The name and address of the registered agent is:

Michael J. Mellion  
7798 Gardner Road #201  
Naples, Florida 34109

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 605.0113, Florida Statutes.

REGISTERED AGENT:

  
\_\_\_\_\_  
Michael J. Mellion

These Articles are executed this 8<sup>th</sup> day of March, 2021 by the undersigned Initial Member of STONEBAY INSURANCE, L.L.C., pursuant to Section 605.0203(1)(b) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGING MEMBER:

  
\_\_\_\_\_  
Michael J. Mellion

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