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| - | (Requestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| _ | (Business Entity Name) | |
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| | (Document Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instructions to | o Filing Officer: | |
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October 13, 2022

CAPITAL CONNECTION, INC.

SUBJECT: STONE TOWER DEVELOPMENTS SIX LLC

Ref. Number: W22000129307

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

following correction(s):

Letter Number: 822A00022904

022 OCT | 4 PM 2: 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| | | | | RA Resignation | |
| | | | | Dissolution / Withdrawal | |
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| | | | | Fictitious Search | |
| Signature | | | | Fictitious Owner Search | |
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| Requested by: SETH | 10/07 | | | UCC 1 or 3 File | |
| Name | Date | Time | ` | UCC 11 Search | |
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COVER LETTER

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| | STONE TO | OWER DEVELOPME | ENTS SIX LL | C. | |
| SUBJE | | | | | |
| | | Name o | of Limited Lia | bility Company | - July |
| | | | | | 8 |
| The end | closed Articles of | Organization and fee | (s) are submit | ed for filing, | 2022 OCT 14 |
| Please | return all corresp | ondence concerning th | is matter to th | e following: | |
| | SANTIAGO ARBELAEZ | | | | |
| | | | | | |
| | | | Name | of Person | , |
| | STONE TO | WER GROUP | | | |
| | | | | | |
| | 1207 00160 | · · · · · · · · · · · · · · · · · · · | FirmV | Company | |
| | 1395 BRICK | CELL AV. SUITE 800 | | | |
| | | | Αc | Idress | |
| | MIAMI, FL | 33131 | | | |
| | | | | | |
| | | | | and Zip Code | |
| | | TOWER-GROUP.CO | | | |
| | | E-mail address: (to be | used for futur | e annual report notificat | ion) |
| For furth | er information co | ncerning this matter, p | olease call: | | |
| | SANTIAGO | ARBELAEZ | 305 | 4239296 | |
| | | | at (|) | |
| | Nam | ne of Person | Area Code | Daytime Telephor | ne Number |
| | | | | | |
| Enclose | ed is a check for t | he following amount: | | | |
| □\$125 | 5.00 Filing Fee | □\$130.00 Filing F | | 155.00 Filing Fee & | □\$160.00 Filing Fee. |
| | | Certificate of Statu | | ified Copy onal copy is enclosed) | Certificate of Status & Certified Copy |
| | | | (| ,, | (additional copy is enclosed) |
| | | | | | |
| | | ig Address iling Section | | Street Address New Filing Section D | ivision |
| | | on of Corporations | | The Centre of Tallah | |
| | P.O. B | lox 6327 | | 2415 N. Monroe Stre | et, Suite 810 |

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| ARTICLE II - Address: The mailing address and street ad | ain the words "Limited Idress of the principal | | | |
|--|--|-----------------------|---------------------------------------|-------------|
| _ | l Office Address: | | Mailing Address: | |
| 1200 BRICKELL BAY I MIAMI, FL 33131 | DR. UNIT 4020 | | BRICKELL AV. UNIT 800 MI, FL 33131 | 2022 OCT 14 |
| (The Limited Liability Company another business entity with an a The name and the Florida street a | ctive Florida registrati | on.) ed agent are: | | 101 |
| | 1395 BRICKELL AV. | UNIT 800 | | |
| | Florida street address (P.O. Box NOT acceptable) | | | |
| | | | | |
| | MIAMI. | FL | 33131 | |
| | MIAMI. City | FL State | 33131 Zip | |

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: | |
|--------------------------------|--|---------------|
| "AMBR" = Authorized Memb | er e e e e e e e e e e e e e e e e e e | |
| "MGR" = Manager | | |
| AMBR | SANTIAGO J ARBELAEZ 1395 BRICKELLAV, UNIT 800 | - |
| | MIAMI, FL 33431 | - |
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| (Use attachment if necessary) | | |
| (Ose attachment if necessary) | | |
| e date of filing.) | nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not epartment of State's records. | - |
| REOUIRED SIGNATURE: | | |
| | | |
| This documen I am aware tha | re of a member an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. | |
| SANIIAG | O J ARBELAEZ | |
| | Typed or printed name of signee | |
| | Filing Fees: | |
| | | N. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

as