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Law Offices of Robert C. Stone, P.A.

750 SOUTH DIXIE HIGHWAY BOCA RATON, FLORIDA 33432 TELEPHONE: (561) 338-4844

ALTERNATE TELEPHONE: (561) 395-0000 FAX: (561) 338-4807

EMAIL: RStone4173@AOL.COM

DATE:

November 28, 2022

TO:

NEW FILING SECTION

DIVISION OF CORPORATIONS

SUBJECT:

CSTILE & PSTILE, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee is being submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Stone

Law Offices of Robert C. Stone, P.A.

750 South Dixie Highway Boca Raton, Florida 33432 Email: Rstone4173@aol.com

For further information concerning this matter, please call:

Robert C. Stone 561-338-4844 (office) or 561-306-4473 (cell)

Enclosed is a check for the following amount:

\$125.00 Filing Fee + \$60.00 for 2 certified copies = **\$185.00 (total)**

Mailing Address

Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
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:

CSTILE & PSTILE, L.L.C.

ARTICLE II - address:

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

Principal Office Address:	Mailing Address:
1043 84th Street	1043 84th Street
Brooklyn, NY 11228	Brooklyn, NY 11228

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert C. Stone 750 South Dixie Highway Boca Raton, Florida 33432

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV -The name and address of each person authorized to management and control the Limited Liability Company: Name and Address: Title: Catherine Stile Authorized Member ("AMBR") 1043 84th Street Brooklyn, NY 11228 **ARTICLE V**: Effective date, if other than the date of filing: ___ (OPTIONAL) (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: REQUIRED SIGNATURE:

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 s,817.155, F.S.

Signature of a member or an authorized representative of a member

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)

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