

L24000134865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

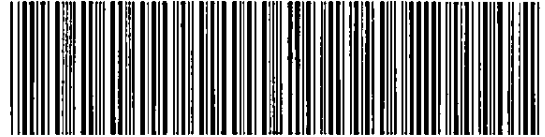
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2024 MAR 22 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

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2024 MAR 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 03/20/24
Order #: 1452255-1
Re: Stonelake Wealth Management, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

RECEIVED
MAR 22 AM 9:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Stonelake Wealth Management, 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:

Joseph S. Stonelake

Name of Person

Stonelake Wealth Management, LLC

Firm/Company

10981 SW Dunhill Ct

Address

Port St. Lucie, FL 34987

City/State and Zip Code

kjames1787@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph P. Stonelake 850 556-6845

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
JAN 13 2011
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLE SOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stonelake Wealth Management, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10981 SW Dunhill Ct

Port St. Lucie, FL 34987

Mailing Address:

10981 SW Dunhill Ct

Port St. Lucie, FL 34987

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:

Rebecca F. Emmons

Name

2101 Indian Reiver Blvd., Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach

FL

32960

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.

Rebecca F. Emmons

By

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAR 22 PM 3:17
CLERK OF DISTRICT COURT
PORT ST. LUCIE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Joseph S. Stonelake
10981 SW Dunhill Ct
Port St. Lucie, FL 34987

AMBR

Melissa Kimberly James
10981 SW Dunhill Ct
Port St. Lucie, FL 34987

MGR

Joseph S. Stonelake
10981 SW Dunhill Ct
Port St. Lucie, FL 34987

MGR

Melissa Kimberly James
10981 SW Dunhill Ct
Port St. Lucie, FL 34987

(Use attachment if necessary)

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:

/s/ Joseph S. Stonelake

Signature of a member or an authorized representative of a member.

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.

Joseph S. Stonelake, Manager

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)

CSC FIN-43585

FILED
JAN 22 PM 3:47
STATE OF FLORIDA