

L24000 431199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

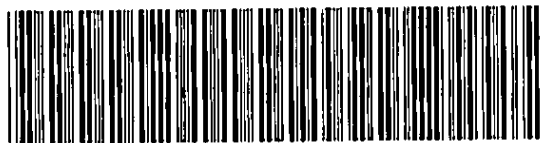
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000436604970

FILED

2024 OCT 11 PM 9:47

RECEIVED

2024 OCT 11 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: James Full

Business Name: SilverStone Innovations LLC

Document#

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

Country

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

2024 OCT 11 PM 9:17
FILED

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: James L. L...

Business Name: SilverStone Innovations LLC

Document#

 Certified Copy

 Certificate of Status

NEW FILINGS

 Profit Corp

 Not for Profit

 X Limited Liability

 Domestication

 LLLP

 CORP

 Other

 Other

OTHER FILINGS

 Apostille

Country

AMMENDMENTS

 Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Revocation of Dissolution

 Merger

 Articles of Conversion

 Restated Articles of Incorporation

 Statement of Authority

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Reinstatement

 Qualification

 Annual Report

 Fictitious Name

2024 OCT 11 PM 3:44

FILED

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: SilverStone Innovations 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:

Arlene Pereda
Name of Person
Firm/Company
2330 Clare Drive
Address
Tallahassee FL 32309
City/State and Zip Code
floridacapitalcourierservices@gmail.com
E-mail address: (to be used for future annual report notification)

2024 OCT 11 AM 9:47

FILED

For further information concerning this matter, please call:

Teresa Fillmon 850 5245437
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SilverStone Innovations 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:

7741 NW 111th Ct
Doral FL 33178

Mailing Address:

7741 NW 111th Ct
Doral FL 33178

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:

Legacy RA Group, Inc

Name

2330 Clare Drive

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

Tallahassee

FL

32309

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 OCT 11 PM 9:47

FILED

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Pinnacle Solutions Group

7741 NW 111th Ct

Doral FL 33178

(Use attachment if necessary)

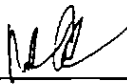
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Arlene Pereda

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)