

**124000397439** *FL 12-21-24*

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: brianokayesq@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**Stone River Place LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**STONE RIVER PLACE LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Stone River Place LLC (the “Company”).

**ARTICLE II.**  
**Address**

The principal office of the Company is:

7901 4th St N,  
Ste 300,  
St. Petersburg, FL 33702

The mailing office of the Company is:

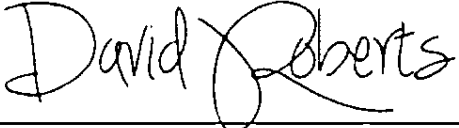
P.O. Box 1059,  
Lithia, Florida 33547

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida Street Address of the Registered Agent are:

Registered Agents Inc  
7901 4th St N,  
Ste 300,  
St. Petersburg, FL 33702

*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 Agents Inc (sign)

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>                              | <u>Name and Address</u>   |
|---|---|
| AMBR = Authorized Member<br>MGR = Manager |   |
| <u>MGR</u>                                | RPSE Commercial Management LLC<br>P.O. Box 1059,<br>Lithia, Florida 33547 |

**ARTICLE V.**

The Effective date shall be the date of filing.

Kalpesh Patel (sign)

**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.

Kalpesh Patel  
Authorized Representative

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