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(Requestor's Name)

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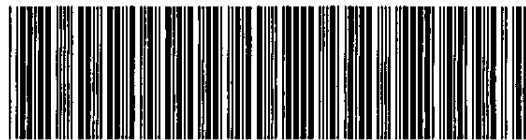
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 NOV 28 PM 3:00  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 29 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stockwell Management Associates, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Adam Mann

Name of Person

Firm/Company

3200 North A1A #1007

Address

Ft. Pierce, FL 34949

City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Mann

Name of Person

at ( 206 )

339-5636

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Stockwell Associates, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Stockwell Management Associates, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New Mexico

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 1/24/2011

(Date of Organization)

5. 12/31/2050

(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 429 West Kaibab Way

Cochise, AZ 85606

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

ADAM MANN (MGR) 429 WEST KAIBAB WAY, COCHISE, AZ  
85606

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: investments/holding co.

Adam Mann

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

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Adam Mann

Typed or printed name of signee

FILED  
12 NOV 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Stockwell Associates, LLC

If unavailable, the alternate to be used in the state of Florida is:

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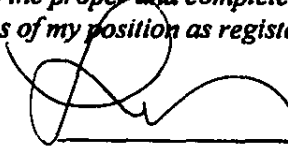
2. The name and the Florida street address of the registered agent and office are:

Incorp Services, Inc.  
(Name)

17888 67th Court North  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Loxahatchee FL 33470  
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 608, Florida Statutes.*

  
Lisa R. B. for Incorp Services, Inc.  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Stockwell Associates, LLC,  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

New Mexico.  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Stockwell Management Associates, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability  
Company, L.L.C., or LLC.)

Date: October 31, 2012

Signature(s) of Manager(s) and/or Managing Member(s):

Adam Maurer

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## NEW MEXICO PUBLIC REGULATION COMMISSION

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

**STOCKWELL ASSOCIATES, LLC**

**4396545**

An organization organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Liability Company, under the

**Limited Liability Company Act**

**(53-19-1 To 53-19-74 NMSA 1978)**

having filed its Articles Of Organization on January 24, 2011 and Certificate Of Organization issued as of said date.

It is further certified that the fees due the Public Regulation Commission which have been assessed against the aforesaid organization, have been paid to date and aforesaid organization is in corporate good standing & duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This Certificate is not to be construed as an endorsement, recommendation, or notice of approval of the organization's financial condition or business activities and practices.

This Certificate of Good Standing and Compliance expires when existence ceases as provided by law.

Dated : **November 9, 2012**

**In testimony whereof, the Public Regulation of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to affixed at the city of Santa Fe.**



*Stacy Starr-Garcia*

**Bureau Chief**

*Patrick H. Lyons*

**Chairman**