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MIS OCT 12 P 1: 1'S SECRETARY OF STATE

OCT 13 2015 D. BRUCE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 57	TONE EXOTICS Name of	LLC	
	Name of I	Limited Liability Company	
			insact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
	ELLIOT STO	NE	
	N	ame of Person	
S	TONE EXOTI	CS LLC	
	Fi	rm/Company	
6	141 HOLLOWS	LANE	
		Address	
	DELRAY BEACI	4 FL 3348	74
	City/Si	tate and Zip Code	
E	E-mail address: (to be used	9. COM	-
For further information concerning	ng this matter, please call:		CRETI
DAVID WA	OXLER of Contact Person	at (2/5) 67	7 2700 7/57 1
MAILING ADDRESS		Area Code Day	ADDRESS:
Division of Corporation		Division	of Corporations -
Registration Section P.O. Box 6327		Registrati Clifton B	on Section
Tallahassee, FL 32314		2661 Exe	cutive Center Circle ee, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6/4/ HOLLOWS LANE OF RAY BEACHY FL 334 DAVID WAXLER V.P. FINANCE 9770 GLOBAL ROAD PHILADER HIA FA 19115 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Liability Company, "LLC," or "LLC.") (Dust first transacted business in Florida, if prior to registration.) (Dust first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. G141 HOLLOWS LANE DELRAY BEACH FL 33484 (Street Address of Principal Office) 6. 9970 GLOBAL ROAD PITIL APELPHIA PA 1915 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY BEACH, FL 33484 (City) Registered agent's acceptance: White application, I hereby accept the applicationent of registered agent and agree to act in this capacity. I further agree to complywith the provisions of all signatuse religious the proper and complete performance of my duties, and I am familiar with and accept the ability and address of the person(s) who has have authority to manage is/are: ELLIOT STOWE MANAGING MEMBER 6[4] HOLLOWS LANE DELRAY BEACHY FL 334 DAVID WAXLER V, FIMANCE TIPO GLOBAL ROAD PHIADELPHIA FA 19115 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction must be submitted) Signature of an authorized person	1. STONE EXOTICS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 6141 HOLLOWS LANE DELRAY BEACH EL 33484 (Street Address of Principal Office) 6. 9890 FLOBAL ROAD PHILADELPHIA PA 191/5 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STONE Office Address: 6141 HOLLOWS LANE DELRAY DEACH , Florida 33484 ST. Registered agent's acceptance: 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 application. I hereby accept the employment of all statutes registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes registered agent and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGINUMEMBER 6141 HOLLOWS LANE OCZRAY BEACH FL 3344 DAVID WAXLEL V, FINANCE TIPO GLOBAL ROAD PHILADELPHIA PA 1945 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the purissilication under the law of which it is organized. (If the verificate is it of foreign language, a translation of the certificate under oath of the translator must be submitted)	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 6141 HOLLOWS LANE DELRAY BEACH C. 33484 (Sireet Address of Principal Office) 6. 9990 GLOBAL ROAD PHILAPELPHIA PA 191/5 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STONE Office Address: 6141 HOLLOWS LANE DELRAY DEACH FOR TO TOWN (City) Registered agent's acceptance: 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 application. I hereby accept the empirity the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6141 HOLLOWS LANE OEZRAY BEACH FL 334 DAVID WAXLEL V, FINANCE 7150 GLOBAL ROAD PHILADELPHIA PA 1945 9. Attached is a certificate of existence, no more than 90 days old, July authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the verificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	2. STATE OF PENNSYLVANIA 3. 47-5009039
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 6141 HOLLOWS LANE DELRAY BEACH EL 33484 (Sircet Address of Principal Office) 6. 9990 GLOBAL ROAD PITIL APELPHIA PA 19115 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY PEACH (City) Registered agent's acceptance: 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 application, thereby accept the applitument a) registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: ELLIOT STONE MANAGING MEMBER 6141 HOLLOWS LANE DELRAY BEACH FL 334 DAVID WAXLER V.R. FIMALE 9750 & LOBAL ROAD PHILADELPHIA PA 19115 9. Attached is a certificate of existence, no more than 90 days old_thuly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. ([If the refrincate is in d foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
5. LIYI HOLLOWS LANE DELRAY BEACH FL 33484 (Street Address of Principal Office) 6. 9990 GLOBAL ROAD PHILADELPHIA PA 19115 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY DEACH (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relatives to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER (614) HOLLOWS LANE DELRAY BEACH FL 334 DAVID WAXLER V.F. FINANCE 9150 GLOBAL ROAD PHILADELPHIA FA 17115 9. Attached is a 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. ([I the efficial cate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905 F.S. to determine penalty liability)
6. 9990 GLOBAL ROAD PITIL AD EXPINA PA 19115 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY DEACH (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered-agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6141 HOLLOWS LANE DETARY BEACHY FL 334 DAVID WAXLER V.F. FINANCE 9790 GLOBAL ROAD PHILADELPHIA PA 19115 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY BEACH (City) (City) Registered agent's acceptance: 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 application, I hereby accept the applicatment a) registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relatives to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered-agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6/4/ HOLLOWS LANE OCIRAY BEACHTEL 334 DAVID WAXLER V.R. FINANCE 9770 GLOBAL ROAD PHILDERPHIA PA 19115 9. Attached is a certificate of existence, no more than 90 days old July authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	6. 9990 FLOBAL ROAD
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ELLIOT STOWE Office Address: 6141 HOLLOWS LANE DELRAY BEACH (City) (City) Registered agent's acceptance: 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 application, I hereby accept the appointment a) registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relatives to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered-agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6141 HOLLOWS LANE OCIRAY BEACHTEL 334 DAVID WAXLER V.F. FINANCE 9770 GLOBAL ROAD PHILDERPHIA PA 19115 9. Attached is a certificate of existence, no more than 90 days old July authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	PITIL ADELPITIA PA 19115 (Mailing Address)
Office Address: 6/41 HOLLOWS LANE DELRAY BEACH (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept he appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELLIOT STONE MANAGING MEMBER 6/4/ HOLLOWS LANE OCLRAY BEACH FL 334 DAVID WAXLER V. FIMANCE 9770 GLOBAL ROAD PHILADELPHIA PA 19115 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
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ELLIOT STONE MANAGING MEMBER 6141 HOLLOWS LANE DETRAY BEACHY FL 334 DAVID WAXLER V.P. FINANCE 9970 GLOBAL ROAD PHILADELPHIA PA 19115 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	(Registered-agent's signature)
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jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	DAVID WAXLER V.P. FINANCE 9990 GLOBAL ROAD PHILADELPHIA PA 19115
	jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
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.	

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/26/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Stone Exotics LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the commonwealth

Certification Number: TSC150924100489-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx