# P19000019157

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	_ <del>.</del>	

Office Use Only



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19 CCT -9 PX 4:58

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Sto	nes Clones, Inc.	TE NAME – <u>MUST INCL</u> I	IDE SUFFIX)
	(TROTOSED CORTORA	MOST INCOM	500 SOTTIN
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.6 Filing Fo		S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:			
	Name	(Printed or typed)	
	5570 55th Street		
	A	ddress	
	Vero Beach, FL 32967		
	City, S	State & Zip	
	772-643-1617		
	Daytime Te	elephone number	
	george@toneshapers.com		
	E-mail address: (to be used	for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMI The name of the corpor	Stones Clones, Inc.		
ARTICLE II PRIN		Mailing ad	dress, if different is:
Vero Beach, FL 32967			
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	all lawful business.	
			-
		<del>-</del>	
ARTICLE IV SHAR The number of shares o	<u>ES</u> 1000 f stock is:		13557HV 6-100
ARTICLE V INITL	AL OFFICERS ANDIOR DIRECTORS		OF SIMILE TO
Name and Titl	George Ellison - President e:	Name and Title:	- 新 I
Address	4913 US Highway I	Address:	
	Vero Beach, FL 32967		
			-
Name and Title	Liz Scoffeld - Vice President	Name and Title:	
Address	4913 US Highway 1		
	Vero Beach, FL 32967		
Name and Title	:	Name and Title:	<del>-</del>
Address		Address:	<del></del>
		<u> </u>	

Name	and Title:	Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	George Ellison		
Address:	4913 US Highway I	_	
	Vero Beach, FL 32967	_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	George Ellison	_	
Address:	4913 US Highway 1	_	
	Vero Beach, FL 32967	_	
ARTICLE VIII Effective date. (If an effective filing.)	I EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cannot	. (OPTIONAL) oot be more than five days prior o	· 90 days after the
Note: If the dathe document's	te inserted in this block does not meet the applicable effective date out the Department of State's records	e statutory filing requirements, this o	date will not be listed as
Having been no this certificate,	amed ay registered agent to accept service of proce. I am familiar with and accept the appointment as re	ss for the above stated corporation of the state of the above stated corporation to the state of	nt the place designated in is capacity
	77 ( > ) ( )	10.	/4/2019
	Required Signature/Registre Agent	<del></del>	Date
I submit this do document to the	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felsion	e true. I am aware that the false in my as provided for in s.817.155, F.S	formation submitted in a
	40015	10	/4/2019
Req	ured Signature/Incorporator	<del></del>	Date

. . . .

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# **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Stones C	llones, Inc.		
.50b/re1	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	orge Ellison Nam	e (Printed or typed)	
557	0.55th Street		
		Address	
Ver	o Beach, FL 32967		
-	City	. State & Zip	
772	-643-1617		
	Daytime '	l'elephone number	
\$60	rge@toneshapers.com		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINCI	PAI OFFICE		
	Principal <u>street</u> address	Mailing address, if differe	nt is
			_
Beach, FL 32967			
	er.		
CLE III PURPO surpose for which th	Any are corporation is organized is:	nd all lawful business.	
·			
<u> </u>			,
<del></del>			
	stock is:		
number of shares of	L OFFICERS ANDIOR DIRECTOR George Ellison - President		
number of shares of	stock is:  LOFFICERS AND/OR DIRECTOR	<u>S</u> Name and Title:	
number of shares of  ICLE V INITIA  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President	<u>S</u> Name and Title:	
number of shares of  ICLE V INITIA  Name and Title	L OFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1	<u>S</u> Name and Title:	
number of shares of  ICLE V INITIA  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967	<u>S</u> Name and Title:	
number of shares of  ICLE V INITIA  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967	<u>S</u> Name and Title:	
Name and Title  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President	<u>S</u> Name and Title:  Address:	
Name and Title Address	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President	S           Name and Title:           Address:           Name and Title:	
Name and Title  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President 4913 US Highway 1	S           Name and Title:           Address:           Name and Title:	
Name and Title  Name and Title	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President 4913 US Highway 1	S           Name and Title:           Name and Title:           Address:	
Name and Title: Address Address	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President 4913 US Highway 1 Vero Beach, FL 32967	Name and Title:   Address:   Name and Title:   Address:   Address:	
Name and Title: Address Address	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President 4913 US Highway 1 Vero Beach, FL 32967	S           Name and Title:           Name and Title:           Address:	
Name and Title: Address Address	LOFFICERS ANDIOR DIRECTOR George Ellison - President 4913 US Highway 1 Vero Beach, FL 32967 Liz Scofield - Vice President 4913 US Highway 1 Vero Beach, FL 32967	Name and Title:	

Name a	nd Title:	Name and Title:
Addres	is	Address:
OTICLE VI	DECISTEDED ACENT	
The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	George Ellison	_
Address:	4913 US Highway 1	
	Vero Beach, FL 32967	_
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	George Ellison	
Address:	4913 US Highway 1	_
	Vero Beach, FL 32967	<u> </u>
Effective date	EFFECTIVE DATE:  October 15, 2019  date is listed, the date must be specific and cannot be specifically and be specifically a	. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the da the document's	te inserted in this block does not meet the applicable effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as a.
Having been no this certificate,	amed ay registered agent to accept service of proce I am familiar with and occept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	4915	10/4/2019
	Required Signature/Registered Agent	Date
I submit this do document to the	ocument and affirm that the facts stated herein ar e Departmentfof State constitutes a third degree feb	re true. I am aware that the false information submitted in a uny as provided for in s.817.155, F.S.
	Mn 1911	10/4/2019
Req	uired Signature/Incorporator	Date

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