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SECRETARY OF STATE  
HARRISBURG, PA

## COVER LETTER

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

**SUBJECT:** Stones Clones, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** George Ellison  
Name (Printed or typed)  
  
5570 55th Street  
Address  
  
Vero Beach, FL 32967  
City, State & Zip  
  
772-643-1617  
Daytime Telephone number  
  
george@tonesapers.com  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: Stones Clones, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4913 US Highway 1

Vero Beach, FL 32967

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George Ellison - President

Name and Title: \_\_\_\_\_

Address 4913 US Highway 1

Address: \_\_\_\_\_

Vero Beach, FL 32967

Name and Title: Liz Scofield - Vice President

Name and Title: \_\_\_\_\_

Address 4913 US Highway 1

Address: \_\_\_\_\_

Vero Beach, FL 32967

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
19 OCT -9 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: George Ellison \_\_\_\_\_

Address: 4913 US Highway 1 \_\_\_\_\_

Vero Beach, FL 32967 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: George Ellison \_\_\_\_\_

Address: 4913 US Highway 1 \_\_\_\_\_

Vero Beach, FL 32967 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 15, 2019 \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

10/4/2019

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

10/4/2019

\_\_\_\_\_  
Date

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

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Stones Clones, Inc.

The name of the corporation shall be: \_\_\_\_\_

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Principal street address

Mailing address, if different is:

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Vero Beach, FL 32967

**ARTICLE III PURPOSE**

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The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George Ellison - President

Name and Title: \_\_\_\_\_

Address 4913 US Highway 1

Address: \_\_\_\_\_

Vero Beach, FL 32967

Name and Title: Liz Scofield - Vice President

Name and Title: \_\_\_\_\_

Address 4913 US Highway 1

Address: \_\_\_\_\_

Vero Beach, FL 32967

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: George Ellison \_\_\_\_\_

Address: 4913 US Highway 1 \_\_\_\_\_

Vero Beach, FL 32967 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: George Ellison \_\_\_\_\_

Address: 4913 US Highway 1 \_\_\_\_\_

Vero Beach, FL 32967 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 15, 2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

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\_\_\_\_\_  
Required Signature/Registered Agent

10/4/2019

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

10/4/2019

\_\_\_\_\_  
Date