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CRAIG W. SHAFER 2000 x Holloman - St. Augustine FL 32086 - Phone Fax: (904) 791-2351 - Cell #: (904) 69-0988

April 19, 2001

Florida Department of State
Registration Section
Division Of Corporations
409 E. Gaines Street
Tallahassee FL 32399

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-04/20/01--01066--004
****160.00 ****160.00

Dear Sir(s) or Madam(s):

Enclosed you will find a completed "ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY" form on behalf of **Shafer Enterprises, LLC**.

Also enclosed is a check in the amount of \$160.00, to cover:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Also enclosed is a FedEx Letter Envelope with a completed Airbill, with charges billed to my credit card, to be used to return the letter of acknowledgement, the certified copy and the certificate of status.

Please advise if you require additional information.

Regards,

Craig W. Shafer

4/27
FILED
01 APR 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHAFFER ENTERPRISES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**(BOTH): 520 FOX HOLLOW LANE
SAINT AUGUSTINE FL 32086**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CRAIG W. SHAFER
Name
520 FOX HOLLOW LANE
Florida street address (P.O. Box **NOT** acceptable)
SAINT AUGUSTINE FL 32086
City, State, and 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, F.S.

Craig W. Shafer
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Craig W. Shafer
Signature of a member or an authorized representative of a member.

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

CRAIG W. SHAFER
Typed or printed name of signee

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01 APR 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

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