

L 010000006584

CRAIG W. SHAFER 2000 x Hollom - St Augustine FL 32086 - Phone Fax: (904) 791-2351 - Cell #: (904) 69-098

April 19, 2001

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

300004035413--3  
-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. SHAFFER**  
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. SHAFFER**  
Typed or printed name of signer

**Filing Fees:**

**\$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)**

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