PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE COMPAN ISTATÉN	y E	S	DEPARTMEN ecretary of S ION OF CORPOR			SE TALI	FILED ORE LARY OF STATE AHASSEE, FLORIDA	
DOCUMENT # L01000020187 1. Limited Liability Company's Name Shafer Development, LLC							y (AMASSEE, FLORIDA	<i>₹0</i> `
2. Principal Office Address 450-106 S.R. 13 North			3. Mailing Office Address SAME			4. State/Country of Formation			
Suite, Apt. #, etc. #201			Suite, Apt. #, etc.			FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11/21/02			
City & State JACKSONVILLE, FL			City & State			6. FEI Number 04-3604228 Applied For Not Applicable			
Zip 32259)	Country	Zip	Coun	try	7. CERTIFICATE	OF STATU	S5.00 Addition	nal Fee required cate of Status
	Ī	<u>'</u>	8. Na	me and Address	of Current Register	ed Agent			
	Name	IOWARD SHAFE	R		····				
	Street Address (P.O. Box Number is Not Acceptable) 450-106 S.R. 13 North								
	Suite, Apt. #, Etc. #201								
	City JA	.CKSOŃVILLE	. 1			- ·	State FL	Zip Code 32259	<u> </u>
9. I, being Signature o Registered	of /	e registered agent of the abo	eve named limited	1	am familiar with and	accept the obligat	tions of Ch	2/25/0°	Z
10. Nam	es and Street	Addresses of Managing Mer	mbers/Managers						
Titles		Name of Managing Members/Manag	ers		treet Address of Each				
MGR	HOWAF	RD SHAFER		450-106 S.F	R. 13 North, #20)1	JACKSONVILLE, FL 32259		
		, i	reas	TATE	WENT 2	2002-	300 20	0029467E	i48
					B	K			
filing t all fee as if r Signature of Managing l	this reinstatenes owed by the made under o of Member/Man	nent application the reason for a limited liability of mpany have ath.	r dissolution has be been paid. The	een eliminated, th	e limited liability comp	cany name satisfic	es the requ	napter 608, F.S. I further certiful irrements of section 608.406, Fly signature shall have the same hone # (404)237	S., and that se legal effect

ACCOUNT NO. :

072100000032

REFERENCE

460547

7173132

AUTHORIZATION

COST LIMIT

\$ 250.00

ORDER DATE: February 26, 2004

ORDER TIME : 10:33 AM

ORDER NO. : 460547-005

CUSTOMER NO:

7173132

CUSTOMER: Dennis Blackburn, Esq.

Blackburn & Company, L.c.

Building 5

5150 Belfort Road South Jacksonville, FL 32256

FILED AN IO: 20
OF FIB 26 AN IO: 20
SECRETARY OF STATE
SECRETARY OF ST

DOMESTIC FILINGS

NAME:

SHAFER DEVELOPMENT, LLC

XX	REII	NSTAT	EMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

OH FEB 26 PH 12: 45
DIVISION OF CORPERATIONS
DIVISION OF SEE, FLORIDA