

L020000032973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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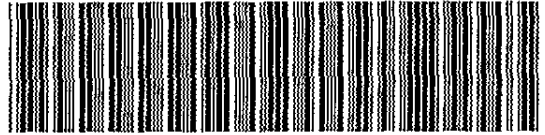
(Business Entity Name)

(Document Number)

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FILED  
02 DEC -9 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 1, 2002

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
02 DEC -9 11:12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed please find my application for Limited Liability Company, and personal check in the amount of \$155.00 for:

\$100 filing fee for Articles  
25 designation of registered agent  
30 certified copy

Thank you for your assistance in this matter.

Sincerely,



Sandra Shea  
11754 Mountainwood Lane  
Jacksonville, FL 32258  
904-568-8006

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Sandra Shea, LLC

**ARTICLE II - Address:**

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

11754 Mountainwood Lane  
Jacksonville, FL 32258

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

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

Sandra E. Shea  
Name  
11754 Mountainwood Lane  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32258  
City, State, and Zip

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02 DEC -9 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Sandra E. Shea  
Registered Agent's Signature

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

SANDRA E. SHEA /s/

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.)

Sandra E. Shea  
Typed or printed name of signee

**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)