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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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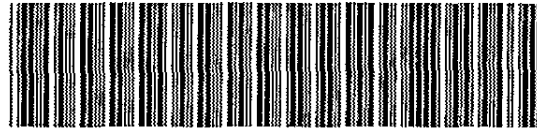
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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BK

**ALBERT L. TIDWELL**

*Attorney at Law*

10480 STRINGFELLOW ROAD  
SUITE 2  
ST. JAMES CITY, FL 33956

TEL. (239) 283-8899  
FAX (239) 283-0747

January 22, 2003

Florida Secretary of State  
Department of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:

Enclosed please find the Articles of Organization for Shangra-La Palms, LLC, a limited liability company, along with the filing fee of One hundred twenty-five (\$125.00) dollars.

Kindly return to the undersigned the appropriate filed documents to the address shown above.

Thank you for your consideration of this matter.

Very truly yours,



Albert L. Tidwell

03 JUN 24 AM 10:09  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

Shangra-La Palms LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Shangra-La Palms LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
4221 Galt Island Ave., St. James City, Florida 33956
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
4221 Galt Island Ave., St. James City, Florida 33956
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s).
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::

Donald C. Werner  
4221 Galt Island Ave.  
St. James City, Florida 33956

*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.



Donald C. Werner

8. **Effective Date.** The effective date of the limited liability company shall be

Date of filing



Donald C. Werner  
Member

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03 JAN 24 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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