

U030000041023

(Requestor's Name)

Richard Shaw  
813 Monroe Ct  
Immokalee, FL 34142

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

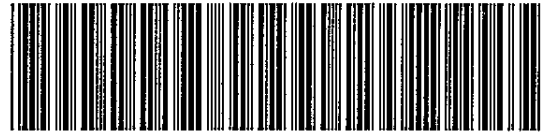
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CLERK OF COURT  
TALLAHASSEE FLORIDA

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

**ARTICLE I – NAME:**

The name of the Limited Liability Company is:  
**SHAW LLC**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is: 813 Monroe Ct ~~St~~, Immokalee, FL 34142.

**ARTICLE III – STARTING DATE:**

The starting of SHAW LLC will be 01-01-2004.

**ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**RICHARD C SHAW  
813 MONROE CT STE 1  
IMMOKALEE, FL 34142**

*Having been named as registered agent and to accept services 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 obligation of my position as registered agent as provided for in Chapter 608, F.S.*

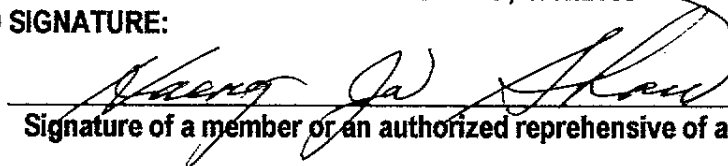


Registered Agent's Signature

**ARTICLE V – MANAGER(S) or MANAGING MEMBER(S):**

<b>TITLE</b>	<b>NAME AND ADDRESS</b>
<b>HMGR</b>	<b>HAENG JA SHAW 813 MONROE CT IMMOKALEE, FL 34142</b>
<b>MGRM</b>	<b>RICHARD C SHAW 813 MONROE CT IMMOKALEE, FL 34142</b>
<b>MGRM</b>	<b>RICHARD A SHAW 7914 GAMBRILL CT SPRINGFIELD, VA 22153</b>

**REQUIRED SIGNATURE:**



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.)

**HAENG JA SHAW**

Typed or printed name of signer

**FILED**  
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SECRETARY OF STATE