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(Requestor's Name) (Address) (Address)	900025847479
(City/State/Zip/Phone #)	01/16/0401007002 **160.00

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

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FILED 2004 JAN 15 AN 8: 41 2004 JAN CT 3 JAI ORATIONS ALLAHASSEE, FLORIDA

J. BRYAN JAN 2 3 2004

Shear Profit, LLC 2614 Bay Drive Bradenton, Florida 34207 (941) 751-4644

.

January 12, 2004

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

## **Re: Registration of Shear Profit, LLC**

To Whom It May Concern:

Enclosed are the Articles of Organization for Shear Profit, LLC. Please register the Articles and return the certified copy and the certificate of status to the address above.

If there are any concerns or questions, please do not hesitate to call.

Sincerely,

fu Michael E. Coviello

Managing Member Registered Agent

## **TRANSMITTAL LETTER**

TO: Registration Section Division of Corporations	in Ellip a
SUBJECT: <u>SHEAR PROFIT</u> , L.L. C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	TRAD O
Please return all correspondence concerning this matter to the following:	OPID
Michael E. Coviello (Name of Person)	· ·
Michael E. Coviello, Esq., LLC (Firm/Company)	••••••••••••••••••••••••••••••••••••••
6023 26th Street West tx 135 (Address)	<u> </u>
Bradenton, FL 34207 (City/State and Zip Code)	- 

For further information concerning this matter, please call:

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Michael E. Coviello at (941) 809-0992 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaïnes Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** The name of the Limited Liability Company is:

AR PROFIT . L. C.

### **ARTICLE II - Address:**

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

**Principal Office Address:** 

ADENTON, 34207

Mailing Address:

2614 BAY DRIVE BRADGNTON, FL 3420

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Michael E. CoviELLO Name 2614 BAY 614 BAY DRIVE Florida street address (P.O. Box NOT acceptable)

BRADENTON, FLORIDA 34207 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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael E. Coviello 2614 BAY DEIVE BARDENTON, FL 34207
MGRM	TANIA B. CONELLO ZGIY BAY DRIVE BRADENTON, FL 34207

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** Alle 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.)

Michae E. CNELLO Typed or printed name of signce

#### 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)