

**L04000012120**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : HUBCO  
Account Number : 104562003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**LIMITED LIABILITY COMPANY**

Sheik Investments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Sheik Investments, LLC**

## ARTICLE II - Address

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

Principal Office Address:

3662 24th Avenue North

St. Petersburg, FL 33713

Mailing Address:

3662 24th Avenue North

St. Petersburg, FL 33713

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

**Pamela S. Lamrouex**

Name

3662 24th Avenue North

(P.O. Box or Mail Drop Box NOT Acceptable)

St. Petersburg, FL 33713

(City / State / 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, F.S.

X

*[Signature]*  
Registered Agent's Signature - Pamela S. Lamrouex

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ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Pamela S. Lamronex - 3662 24th Ave North, St. Petersburg, FL 33713

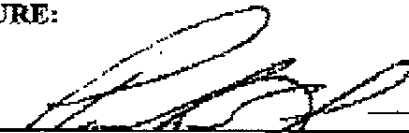
MGRM

Ginny V. Nierenburg - 3662 24th Ave North, St. Petersburg, FL 33713

(Use attachment if necessary)

REQUIRED SIGNATURE:

X

  
Signature of a member or 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. )

Pamela S. Lamronex

Typed or printed name of signee

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