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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Name Availability
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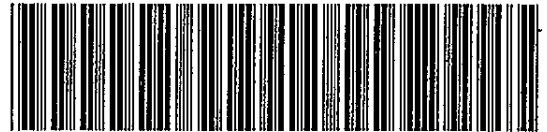
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Law Offices

*Michael Wm Mead, P.A.*

24 Walter Martin Road, Suite 3  
Fort Walton Beach, Florida 32548

Telephone: (850) 243-3135  
Facsimile: (850) 244-4849

*Michael Wm Mead*

*Michael Wm Mead, Jr.*

Please reply to:  
Post Office Drawer 1329  
Fort Walton Beach, Florida 32549-1329

May 28, 2004

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

**RE: SHALIMAR RENTALS, LLC**

Gentlemen:

Enclosed please find the original and one copy each of the Articles of Organization for filing regarding the above-referenced matter. Please file and return a certified copy to this office. I enclose a self-addressed, stamped envelope for your convenience.

Also enclosed please find my check in the sum of \$125.00 that represents the following:

Filing fee	\$100.00
Registered agent	<u>25.00</u>
	\$125.00

Thank you for your assistance and cooperation in this matter.

Sincerely,

MICHAEL WM MEAD, P.A.



MICHAEL Wm MEAD  
MWM/joy  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**SHALIMAR RENTALS, LLC**

**ARTICLE I ~ Name**

The name of the limited liability company shall be **SHALIMAR RENTALS, LLC.**

**ARTICLE II ~ Address**

The street address of the principal office of the Limited Liability Company shall be 701 NW Anchors Street, Fort Walton Beach, (Okaloosa County) Florida 32548, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.


The mailing address for the Limited Liability Company shall be the same

**ARTICLE III ~ Registered Agent, Registered Office  
& Registered Agent's Signature**

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

George R. Smith  
701 NW Anchors Street  
Fort Walton Beach, Florida 32548


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.

  
\_\_\_\_\_  
George R. Smith  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV ~ Management

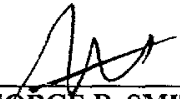
- This Limited Liability Company is a member-managed company.
- This Limited Liability Company is a manager-managed company.

  
\_\_\_\_\_  
George R. Smith  
Signature of member

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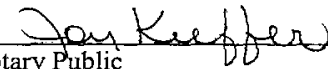
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In accordance with §608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
GEORGE R. SMITH  
Date signed May 27, 2004

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 27 day of May, 2004, by George R. Smith, who is personally known to me.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires:

 Joy Kieffer  
My Commission DD190616  
Expires March 31, 2007

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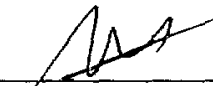
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\_\_\_\_\_  
George R. Smith  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA  
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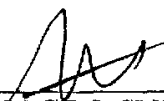
ARTICLE IV ~ Management

- This Limited Liability Company is a member-managed company.
- This Limited Liability Company is a manager-managed company.

  
\_\_\_\_\_  
George R. Smith  
Signature of member


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