

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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LIMITED LIABILITY COMPANY**WILLIAM RAYMOND SHIELDS LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION
OF
WILLIAM RAYMOND SHIELDS LLC

ARTICLE I
Name

The name of the limited liability company is WILLIAM RAYMOND SHIELDS LLC.

ARTICLE II
Principal Office and Mailing Address

The principal place of business and the mailing address of the Limited Liability Company is 6817 Southpoint Parkway, Suite 1304, Jacksonville, Duval County, Florida 32216.

ARTICLE III
Purpose

The Limited Liability Company can engage in any legal business authorized by the Members.

ARTICLE IV
Registered Agent and Registered Office

The name of the Limited Liability Company's initial registered agent is William R. Shields. The street address of the Limited Liability Company's initial registered office is 6817 Southpoint Parkway, Suite 1304, Jacksonville, Duval County, Florida 32216.

ARTICLE V
Management

The Limited Liability Company is to be managed by its members.

ARTICLE VI
Members

The initial member is William R. Shields.

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ARTICLE VII
Transferability

No member may transfer, sell, devise, or alienate his share of the Limited Liability Company during life without the unanimous consent of all remaining members.

ARTICLE VIII
Duration

The period of existence of the Limited Liability Company is one hundred years from the date of its formation.

ARTICLE IX
Indemnification

The Limited Liability Company shall indemnify any Member to full extent permitted by law for acts conducted in furtherance of Limited Liability Company business.

ARTICLE X
Amendment

The Limited Liability Company reserves the right to amend or repeal any provision contained in these Articles of Organization or any amendment thereof, or any right conferred upon the members is subject to this reservation.

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.


Signature of Authorized Member

June 25, 2004
Date

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Sections 608.515, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/agent in the State of Florida.

1. The name of the Limited Liability Company is WILLIAM RAYMOND SHIELDS I.I.C.
2. The street address of the Limited Liability Company's initial registered office in this State is 6817 Southpoint Parkway, Suite 1304, Jacksonville, Duval County, Florida 32216. The initial registered agent at the registered office is William R. Shields.

Having been named as registered agent to accept service of process for the above Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature of Registered Agent

June 25, 2004
Date

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