

**W04000056748**

Florida Department of State  
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04 JUL 29 PM 11:27  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**Shanahan & Associates Business Consultants, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**W04-56748**  
*[Signature]*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 30, 2004

C T CORPORATION SYSTEM

SUBJECT: SHANAHAN & ASSOCIATES BUSINESS CONSULTANTS, LLC  
REF: W04000029182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Clipse  
Document Specialist

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

04 JUL 30 PM 4:27

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shanahan & Associates Business Consultants, LLC**ARTICLE II - Address:**

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

Principal Office Address:2595 Half Moon Walk  
Naples, Florida 34102Mailing Address:2595 Half Moon Walk  
Naples, Florida 34102**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFLORIDA 33324

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..*

CT Corporation System

By: 

Registered Agent's Signature

J. L. Miles-Asst. Secy.

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04 JUL 2004 11:42:27

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:*MGRM* Michael F. Shanahan, Sr.2595 Half Moon Walk, Naples, Florida 34102\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**X Michael F. Shanahan, Sr.  
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.)

Michael F. Shanahan, Sr.

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 50.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)