

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

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**SHALOM TESORO, LLC**

Certificate of Status	0
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Corporate Filing

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**SHALOM TESORO, LLC**

**ARTICLE II – Address:**

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

**8360 W. Oakland Park Blvd. # 105  
Sunrise, FL 33351**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

**Lisa Sharron,  
8360 W. Oakland Park Blvd. # 105  
Sunrise, FL 33351**

*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.*



Registered Agent's Signature

**Article IV – Management (Check if applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.



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.)

**Lisa Sharron**  
Typed or printed name of signee

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