

L04000072751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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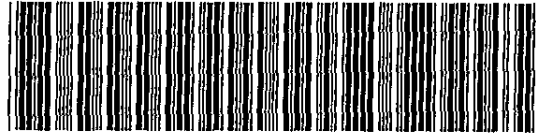
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAMEGO LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVIN C. BROWN
(Name of Person)

INNOVATIVE MANAGEMENT SOLUTIONS, LLC
(Firm/Company)

6677 RACQUET CLUB DRIVE
(Address)

LAUDERHILL FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

DEVIN C. BROWN at (99) 709-0940
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHAMEGO, LLC

ARTICLE II - Address:

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

Principal Office Address:

8430 NW 40TH STREET
CORAL SPRINGS
FL 33065

Mailing Address:

8430 NW 40TH STREET
CORAL SPRINGS.
FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DEVIN C. BROWN

Name

6679 RACQUET CLUB DRIVE

Florida street address (P.O. Box **NOT** acceptable)

LAUDERHILL FLORIDA 33319

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..



Registered Agent's Signature

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

CAMPBELL
LABEL WILLIAMS-CAMPBELL
4201 NW 75TH ~~TH~~ AVE
CORAL SPRINGS, FL 33065

MGR

TRUDY A. MULLINGS
120 SAN REMO BLVD
NORTH CALDERDALE, FL 33068

MGR

STANLEY CALLIARD
1090 NW 75TH TERRACE
PLANTATION, FL 33313

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

DEVIN C. BROWN
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)