W400094009

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10/20 FLC
·

Office Use Only



500042507625

i2/20/04 01036--006 **160.00

地區

04 DEC 20 PH 2: 36

TRANSMITTAL LETTER

	gistration Sectors ision of Corp					
SUBJECT:	Sha	lom Enterprises	, LLC			
	(Name of Limited Liability Company)					
The enclose	d Articles of (Organization and fee(s) are s	ubmitted for fili	na		
				_		
Please return	att correspor	ndence concerning this matte	er to the following	ıg:		
		Nakoto S. Rent:	Z			
		(1	Name of Person)	······································		
	sł	alom Enterprise	es, LLC			
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
	19620	Eagle Crest Di	rive			
_			(Address)			
	Lu	tz, FL 33549				
		(City	State and Zip Cod	le)		
For further i	nformation co	nceming this matter, please	cail:			
Nakot	o S. Re	ntz	at (813	. 909 <u>-</u> 8	71 Q	
	(Name or	Person)	(Area Co	909-8° de & Daytime Te	lephone Number)	
Enclosed is	a check for	the following amount:				
□ \$125.00 F		S130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cop (additional copy	py	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	STDFF	T ADDRESS:		MATERICA A	andree.	
	Registra	tion Section		MAILING ADDRESS: Registration Section		
		of Corporations	Division of Corporations			
409 E. Gaines Street Tallahassee, Florida 32399			P.O. Box 6327 Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·
rincipal office of the Limited Liability Compar
Mailing Address:
Same as Principal
d Office, & Registered Agent's Signature:
registered agent are.
t Drive
ď

Lutz

FL 33549

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

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

(CONTINUED)

Page 1 of 2

04 DEC 20 PM 2: 36

is:

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Nakoto S. Rentz
	19620 Eagle Crest Drive
	Lutz, Florida 33549
MGRM	Keisha Rentz
	19620 Eagle Crest Drive
	Lutz, Florida 33549
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Va	US TO
Signature of a men	mber or an authorized representative of a member.
of this document co	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
Nakoto S	. Rentz

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee