

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000010928 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone

: (800) 494-3124

Fax Number

: (305)675-2811

LIMITED LIABILITY COMPANY

Southern Shamrock Enterprise LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Effine Menu

Corporate Filing

Public Access Help.

4050000109283

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SOUTHERN SHAMROCK ENTERPRISE LLC

ARTICLE II ADDRESS

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

P.O. BOX 1625 PINELLAS PARK, FL 33780

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

GLORIA RICHARDS 1610 S. BELCHER ROAD #4 LARGO, FLORIDA 33771

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

GLORIA RICHARDS / Registered Agent's Signature

2005 JAN 14 AM 11: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050000109283

H05000010928 3

PAGE 2 SOUTHERN SHAMROCK ENTERPRISE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Member: GLORIA RICHARDS; P.O. BOX 1625 PINELLAS PARK, FLORIDA 33780

Anni tables

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.)

GLORIA RICHARDS
Typed or printed name of signee

S JAN 14 AM II: 06
CRETARY OF STATE
LAHASSEE, FLORIDA

41050000109293