

LOS 0000 35095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

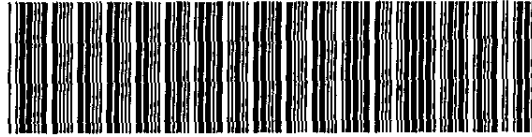
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Office Use Only

WOS-11333



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03/02/05--01038--014 **130.00

05 APR -8 PM 3:41
STATE
CANADA

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 4, 2005

TODD SHEPHERD
5820 PATRICK LN.
ST. CLOUD, FL 34771

SUBJECT: TODD SHEPHERD CONSTRUCTION
Ref. Number: W05000011333

We have received your document for TODD SHEPHERD CONSTRUCTION and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 605A00015197

STATE
OF
FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

Todd
SUBJECT: Shepherd Construction
(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:

Todd Shepherd
(Name of Person)

Todd Shepherd Const
(Firm/Company)

5820 Patrick Ln.
(Address)

ST Cloud 34771
(City/State and Zip Code)

For further information concerning this matter, please call:

Marvin Todd Shepherd at (407) 957-2272
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|--|

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

RECEIVED
TALLAHASSEE, FLORIDA
MAY 11 1998

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Todd
Shepherd Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5820 Patrick Ln
ST Cloud Fla
34771

Same

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

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

Todd Shepherd
Name

5820 Patrick Ln
Florida street address (P.O. Box NOT acceptable)

ST. Cloud FL 34771
City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE

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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, F.S..

Todd Shepherd
Registered Agent's Signature

(CONTINUED)

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:

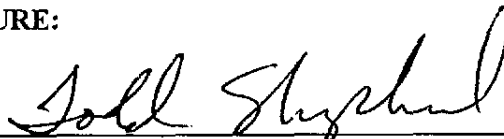
MGRM

Todd Shepherd
5820 Patrick Ln
ST Cloud FL 34771

(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.)

Todd Shepherd

Typed or printed name of signer

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)

SEAL OF THE STATE
TREASURER OF FLORIDA

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