

APR. 20 2005 3:48:23 PM 9-2280

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : TRUMAN J. COSTELLO, P.A.  
Account Number : 120020000024  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

**LIMITED LIABILITY COMPANY**

**Shorty II, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**Electronic Filing Menu**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shorly II, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**14565 Eagle Ridge Drive  
Fort Myers, FL**Mailing Address:**14565 Eagle Ridge Drive  
Fort Myers, FL**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

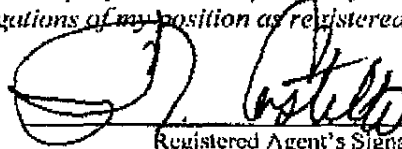
Truman J. Costello

Name

12670 New Brittany Blvd., Suite 101Florida street address (P.O. Box **NOT** acceptable)Fort Myers, FL 33907FL

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 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

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Page 1 of 2

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**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:**MGRMChristopher Olmo14565 Eagle Ridge Drive  
Fort Myers, FL 33912MGRMVincent Olmo231 Atlantic St., Apt. 12-A  
Keyport, NJ 07735

(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.)

Truman J. CostelloTyped 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)

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