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05 MAY -6 PM 12:43
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

VALIDATION ONLY

5/5

Sherna Afflick

9300 NW 42 Ct.

SUNRISE FL 33351

City State ZIP Phone

(954) 746-9414A

CORPORATION(S) NAME

Shacore, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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**ARTICLES OF ORGANIZATION FOR
SHACORE, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
05 MAY -6 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

SHACORE, LLC

ARTICLE 11 - ADDRESS:

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

5349 Island Gypsy Drive
Greenacres, FL 33463

ARTICLE 111 - Registered Agent, Registered Office & Registered Agent's Signature:

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

Gafton L Gordon
5349 Island Gypsy Drive
Greenacres, FL 33463

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 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 in Chapter 608, F.S..


Gafton L. Gordon

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

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

<u>Title</u>	<u>Name and Address</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Gafton L Gordon 5349 Island Gypsy Drive Greenacres, FL 33463
MGRM	Gleneta H Gordon 5349 Island Gypsy Drive Greenacres, FL 33463

Gafton L Gordon
Gafton L Gordon, Managing Member

Gleneta H Gordon
Gleneta H Gordon, Managing 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.

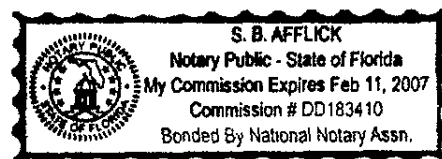
STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was sworn to and subscribed and acknowledged before me on this 14th day of May, 2005, by Gafton L Gordon, as Managing Member and Michael Gordon as Managing Member of Shacore, LLC, and who did take an oath.

Identification Provided: Florida Driver's License.

S. B. Afflick
Notary Public, State of Florida at Large

My Commission Expires: 02/11/07



State of Florida)
) SS:
County of Broward)

The foregoing instrument was sworn to and subscribed and acknowledged before me, a Notary Public on this 4th day of May, 2005, by Gaston L Gordon, as Registered Agent for Shacore, LLC, and who did take an oath.

Identification Provided: Florida Driver's License



Notary Public, State of Florida at Large

My Commission Expires: 02/11/07

