

205 0000 455/5

205-455/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

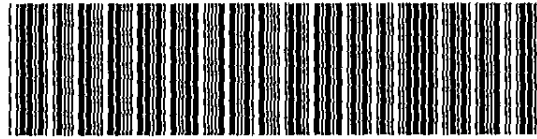
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ALLAHASSEE, FLORIDA

ALLAHASSEE, FLORIDA

05 MAY -9 AM 10:12

05 MAY -9 AM 10:02

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melisa O'Shields "LLC"
(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:

Melisa O'Shields
(Name of Person)

Melisa O'Shields "LLC"
(Firm/Company)

1554 Twin Lakes Cr.
(Address)

Tallahassee FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

Melisa O'Shields at (850) 284-5578
(Name of Person) (Area Code & Daytime Telephone Number)

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

OFFICE OF THE
CLERK OF THE
TALLAHASSEE, FLORIDA

05 MAY -9 AM 10:12

7:11 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Melisa O'Shields "LLC"

ARTICLE II - Address:

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

Principal Office Address:

Melisa O'Shields "LLC"
1554 Twin Lakes Cr.
Tallahassee, FL 32311

Mailing Address:

Melisa O'Shields
1554 Twin Lakes Cr.
Tallahassee, FL 32311

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

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

Melisa O'Shields
Name
1554 Twin Lakes Cr.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32311
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Melisa O'Shields
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:

~~XXXXXX~~ N/A

"MGR"

Melisa O'Shields
1554 Twin Lakes Cr.
Tallahassee FL 32311

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Melisa O'Shields

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.)

Melisa O'Shields

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY -9 AM 10:12

5-11-99