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ORDER DATE: May 10, 2005

ORDER TIME : 1:54 PM

ORDER NO. : 362949-005

CUSTOMER NO: 7117422

CUSTOMER: Ms. J. Trammel

Katz & Green

1 Florida Park Drive South

Palm Coast, FL 32137

DOMESTIC FILING

NAME: SHIRE HOMES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX __ CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

SAN OR A TO

ARTICLES OF ORGANIZATION OF SHIRE HOMES, LLC A LIMITED LIABILITY COMPANY

ASSESSED BY TO The undersigned, being authorized to execute and file these Articles, he certifies that:

ARTICLE I

The name of the Limited Liability Company is: SHIRE HOMES, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 695 Crescent, Florida 32112.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager(s) is/are:

Allen Mullins, P.O. Box 695 Crescent, Florida, 32112

Barbie Kramarcik, P.O. Box 695, Crescent, Florida 32112

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

I have signed these Articles of Organization and acknowledged them to be my act	t
this <u>5 th</u> day of <u>May</u> , 2005.	
By: Aller Mullins, Manager	
By: Barbie Kramarcik, Manager	

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED FOR

SHIRE HOMES, LLC

IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT P.O. BOX 695, CRESCENT, FLORIDA 32112, HAS NAMED ALLEN MULLINS, 342 UNION AVENUE CRESCENT, FLORIDA 32112, AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

ALLENMULLINS

DATE: <u>5/5/65</u>

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

ALLEN MULLINS
REGISTERED AGENT

DATE: ______