

L050000 57879

SHASAM LLC

(Requestor's Name)

4085 HANCOCK BRIDGE RD

(Address)

Suite 111237

(Address)

N. FT. MYERS 33903

(City/State/Zip/Phone #)

☒ PICK-UP

☒ WAIT

☐ MAIL

SHASAM LLC

(Business Entity Name)

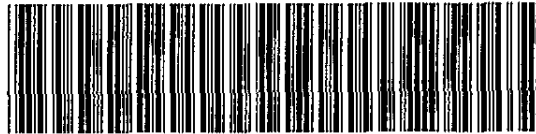
(Document Number)

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Certificates of Status 1

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06/13/05--01004--009 \*\*130.00

DIVISION OF CORPORATION

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05 JUN 13 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L05-5

QAA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Shasam LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4085 Hancock Bridge Pkwy, Suite 111-237  
N. Ft. Myers, Florida 33903

#### Mailing Address:

4085 Hancock Bridge Pkwy, Suite 111-237  
N. Ft. Myers, Florida 33903

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

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

Chuck Lambing

Name

4085 Hancock Bridge Pkwy, Suite 111-237

Florida street address (P.O. Box **NOT** acceptable)

N. Ft. Myers

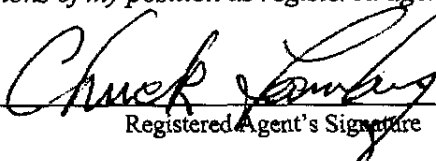
FL

33903

City, State, and Zip

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TALLAHASSEE, FLORIDA  
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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..*

  
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:**

Mgr

Timothy J. Thompson

4085 Hancock Bridge Pkwy, Suite 111-237

N. Ft. Myers, Florida 33903

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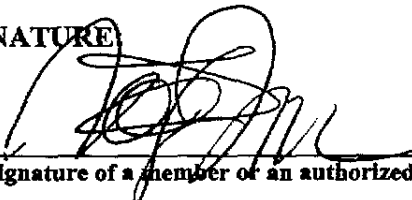
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(Use attachment if necessary)

**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.)

Timothy J. Thompson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)