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2005 JUN 17 P 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

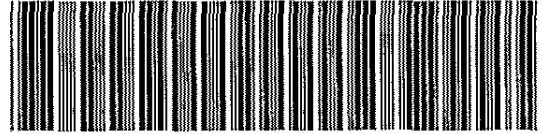
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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 JUN 17 P 2: 54

SUBJECT: Sheppard Appraisals, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Sheppard

(Name of Person)

Sheppard Appraisals, LLC

(Firm/Company)

2040 Highway A1A, #205

(Address)

Indian Harbour Beach, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Cerow, CPA

(Name of Person)

at (321) 242-2511

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN 17 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sheppard Appraisals, LLC

ARTICLE II - Address:

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

Principal Office Address:

2040 Highway A1A, #205
Indian Harbour Beach, FL 32937

Mailing Address:

2040 Highway A1A, #205
Indian Harbour Beach, FL 32937

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

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

Dennis Sheppard

Name

2040 Highway A1A, #205

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

Indian Harbour Beach, FL 32937

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

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Dennis Sheppard

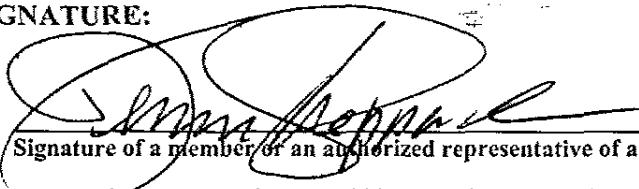
2040 Highway A1A, #205

Indian Harbour Beach, FL 32937

(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.)

Dennis Sheppard

Typed or printed name of signee

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)

Sheppard Appraisals, LLC

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ARTICLE V

The effective date is to be June 1, 2005.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA