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(F	Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(I	Business Entity Name)
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ALLANASSEE, FLORIGA

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: SHANNO	N AVENUE, LLC			
	(Name of Limited	l Liability Company)		
	Organization and fee(s) are su			
riease return an correspo	ondence concerning this make.	to the following.		
Michael E	E. O'Connor			
	7)	Name of Person)		
Morgan, Carratt and	O'Connor, P.A.			
		Firm/Company)		
111 SE 12th	Street			
		(Address)		
				==
Fort L	1005 JUL 18 SECRETARY LLLAHASSE	ق مربع		
	(City/	State and Zip Code)	——————————————————————————————————————	1
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For further information concerning this matter, please call:			25 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17 80 17	7
Michael E. OlConnor		at (954) 728-8585	- Em 5	
Michael E. O'Connor (Name	of Person)	at (_994) 120-0000 (Area Code & Daytime Te		
·	·			
Enclosed is a check for	r the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION

FOR

SHANNON AVENUE, LLC

ARTICLE I - Name

The name of the Limited Liability Company is: SHANNON AVENUE, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited

Liability Company is:

Principal Office Address:

Mailing Address:

111 SE 12th Street Fort Lauderdale, FL 33316 111 SE 12th Street Fort Lauderdale, FL 3331

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature

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

Michael E. O'Connor 111 SE 12th Street Fort Lauderdale, FL 33316

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, Florida Statutes.

Michael E. O'Connor Registered Agent

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

Title:

Name and Address:

"MGRM" - Managing Member

Michael E. O'Connor 111 SE 12th Street

Fort Lauderdale, FL 33316

In accordance with Florida Statute §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.

Michael E. O'Connor

NOS JUL 18 A 8: 15
SECRETARY OF STATE
TALLAHASSE