## 105000013712

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: SHOEB D J (Name of Limited Liabili	ty Company)
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Jim Garn (Name of I	verson)
(Firm/Con	npany)
2912 Browley (Addre	POA)
WINTER PARK F	-lar. JA 32792 Zip Code)
For further information concerning this matter, please call:	
Name of Person) at (	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	55.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 F. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	ty Company is:			
Shoeb	& 5CL	, LTJ.	Co.	
ARTICLE II - Address: The mailing address and street a	ddress of the princip	al office of the Lir	nited Liability Co	ompany is:
Principal Office Address:	<u>Ma</u>	iling Address:		
6056 Raleigh S OR/ANDO FC 32	7 <u>576</u> 2604 835	6056 Z ORLANDO	Aleigh 5%. FL 3283	Suite 2604
ARTICLE III - Registered Age	ent, Registered Offi	ce, & Registered	Agent's Signatu	re:

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

**ARTICLE 1 - Name:** 

Name

Name

Representation of the street address (P.O. Box NOT acceptable)

WINTER PARK FL 32792
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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:	
"MGRM" = Managing Member  Mgr. C=	Emocl M. Shoob 6056 Raleigh Stisuite 2604 Orlando, F.C. 32835	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	

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.)

Typed or printed name of signee

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Filing Fees:

**REQUIRED SIGNATURE:** 

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)