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TAIL AHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:		ANCIAL, LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this matt	ter to the following:	
<del>-</del>		EN H. GABRILOVE	
	,	(Name of Person)	
			·····
		(Firm/Company)	
	2431 NORTH	EAST 32ND COURT	
		(Address)	
	LIGHTHOUDE	POINT, FLORIDA 33064	
<del></del>		y/State and Zip Code)	<del></del>
For further informati	ion concerning this matter, please	call:	
	N H. GABRILOVE	at ( 954 ) 709-8101	
(N	ame of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	k for the following amount:		
□ \$125.00 Filing F	ee Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	
Registration Section Division of Corporations		Registration Section Division of Corporations	
409 E. Gaines Street		P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SHG FINANCIAL, L	LC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2431 NORTHEAST 32ND COURT	2431 NORTHEAST 32ND COURT	
LIGHTHOUSE POINT, FLORIDA 33064	LIGHTHOUSE POINT, FLORIDA 33064	
The name and the Florida street address of the results of the resu	GABRILOVE	
Florida street add	ress (P.O. Box NOT acceptable)	
LIGHTHOUSE POINT, City, State, a	FL 33064 nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	iccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S  Signature  Signature	

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Wallaging Wolfford	
MGRM	STEPHEN H. GABRILOVE
	2431 N.E. 32ND COURT
	LIGHTHOUSE POINT, FLORIDA 33064
(Use attachment if necessary)	
(Ose actaoniment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
	•
REQUIRED SIGNATURE:	_
	J(9)
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury lerein are true.)
s	STEPHEN H. GABRILOVE
Τv	ped 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)

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