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DIVISION OF CORPORATIONS
05 OCT 18 PM 12:17

N. Culligan OCT 21 2005

Memo
MORTY ETGAR, P.A.
Suite 200, Park Place II. 1501 Venera Avenue
Coral Gables, Florida 33146-3032
(305) 665-1101
Fax (305) 665-5501
mortyetgar@msn.com

To:
Registration Section
Division of Corporation

From:
Morty Etgar, CPA, PA

Address:
P.O. Box 6327
Tallahassee, FL 32314

Date:
10/13/05

Gentlemen,

Enclosed is the completed required Articles of Organization to file Shag Enterprises, LLC with the state of Florida.

A check in the amount of \$160 is attached for the filing fees, a certified copy and a certificate of status.

Please provide us with the letter of acknowledgment upon registration, a certified copy of the registration or filing, and a certificate of status.

If you have any question, please call.

Sincerely,

Morty Etgar, CPA, PA

Attached: 1. Check # 9392 dated 10/11/05 payable to Florida Department of State \$160.00.
2. Cover Letter and Articles of Organization For Florida Limited Liability Company forms.

This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient of this message, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify this office immediately by telephone and return the original message to the above address via the postal service. Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAG ENTERPRISES, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Roni Menashe

(Name of Person)

(Firm/Company)

2340 SW 102 Drive

(Address)

Davie, Florida 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Morty Etgar

(Name of Person)

at (305) 665-1101

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHAG ENTERPRISES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2340 SW 102 Drive

Davie, Florida 33324

Mailing Address:

2340 SW 102 Drive

Davie, Florida 33324

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Roni Menashe

Name

2340 SW 102 Drive

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

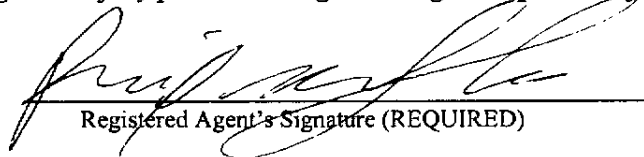
Davie

FL 33324

City, State, and Zip

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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 (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

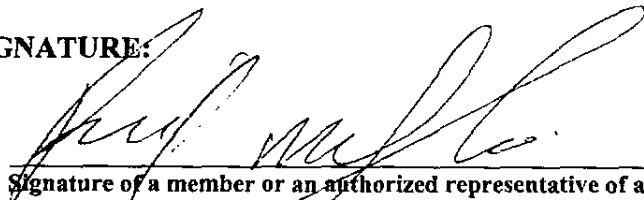
Roni Menashe
2340 SW 102 Drive
Davie, Florida 33324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Roni Menashe

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)

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