

L05000107802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

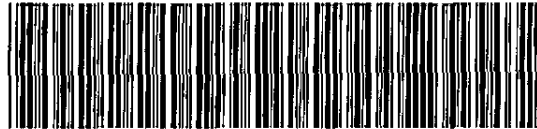
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

*JS*  
*11/7/05*

*WDS-48782*

Office Use Only



200060805412

EFFECTIVE DATE  
*11/08/05*

11/24/05--01026--033 \*\*1.00.00

SECRET  
TALLAHASSEE, FLORIDA

05/10/07 - 7 PM 2:54

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 26, 2005

SHANNON NICOLIS  
663 SAN PABLO AVENUE  
CASSELBERRY, FL 32707

SUBJECT: SHANNON NICOLIS LLC  
Ref. Number: W05000048782

We have received your document for SHANNON NICOLIS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 24, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 505A00064879

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SHANNON NICOLIS LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

SHANNON NICOLIS  
663 SAN PABLO AVE  
CASSELBERRY, FL 32707

For Further information concerning this matter, please call: SHANNON NICOLIS at 407-929-8537.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION  
OF

SHANNON NICOLIS LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: SHANNON NICOLIS LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 663 San Pablo Ave, Casselberry Fl 32707.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

SHANNON NICOLIS

663 SAN PABLO AVE  
CASSELBERRY, FL 32707

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.

  
SHANNON NICOLIS

EFFECTIVE DATE  
11/28/15

SECTION 608.01  
TALLAHASSEE, FLORIDA

05 NOV - 7 PM 2:54

APPROVED  
AND  
FILED

**ARTICLE IV - MANAGEMENT**

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

Title:

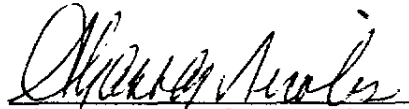
Name and Address:

Manager

SHANNON NICOLIS  
663 SAN PABLO AVE  
CASSELBERRY, FL 32707

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be November 8, 2005.



\_\_\_\_\_  
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.)



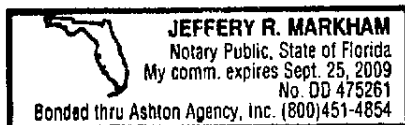
\_\_\_\_\_  
Printed name of signee

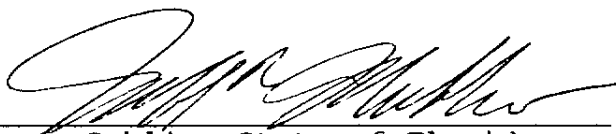
IN WITNESS WHEREOF, We have hereunto set our hands and seals,  
acknowledged and filed the foregoing Limited Liability Company under the  
laws of the State of Florida this 1 day of November,  
2005.

  
SHANNON NICOLIS

STATE OF FLORIDA     )  
                                      )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 1 day  
of November, 2005, by SHANNON NICOLIS, who is personally known  
to me or who has produced driver's license as identification and who did  
take an oath.



  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of  
Process for the above-stated company at the place designated herein, 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.

  
SHANNON NICOLIS

DATE: November 1, 2005

APPROVED  
AND  
FILED  
05 NOV - 7 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA