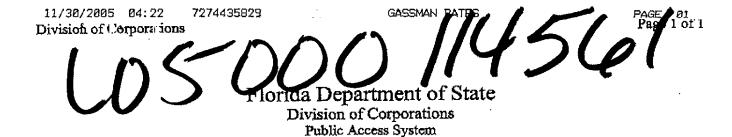
UNISION OF CURPORATION



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Ta:

Division of Corporations

Fax Number

1 (850)205-0383

E'rom:

Account Name

: GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

: (727) 442-1200

Plaone Fax Number

: (727)443-5829

LIMITED LIABILITY COMPANY

SHELLO, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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AFITICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART [CLE | - Name:

The name of the Limited Liability Company is:

SHELLO, L.L.C.

ARTICLE | I - Address:

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

4801 95th Street North St. Petersburg, FL 33708

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

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

Drew LaGrande Name

1245 Court Street. Suite 102

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

Clearwater, FL 33756

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

(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.)

DREW LAGRANDE

ARTICLES (#F ORGANIZATION OF SHELLO, L.L.C.)

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