## 10600000 7062

\*\*160.00

(Requestor's Name)	
(Address)	800063537698
(Address)	
(City/State/Zip/Phone #)	01/23/0601001006 **160
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del>-</del>
Special Instructions to Filing Officer:	
	06 JB3 20
1/00/	FH 3: 02

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	(Name of Limited	Liability Company)	10
The enclosed Articles of Org	ganization and fee(s) are su	bmitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	General G	Peen Name of Person)	
	1110	Name of Person)	
	<i>OHG</i>	Firm/Company)	
	253 BALK	Vin Road	
<del></del>	<u> </u>	(Address)	
	Mahassee	PC 32305	
	(City/	State and Zip Code)	
For further information conc	erning this matter, please of	call:	
bererol bree	~	at ( SSO ) 94C- (Area Code & Daytime T	2070
(Name of Po	erson)	· · · · (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		,
	\$130.00 Filing Fee & ertificate 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)
R D P	failing Address egistration Section Division of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	nns r Círcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Company is:		
P110 110		
SHG LLC	G 2 at his blanched and C 2 and C 2h	
(Must end with the words "Limited Liability Company, "Limited	Company or their appreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Dulusinal Office Address	Mailing Address:	
Principal Office Address:	Manue Address.	
General Green	1853 Balkin RO	
1253 Balkin Rd	Tellelana KC 32305	
W/0/054 /4 32305	<del>-</del>	
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Register	red Agent. You must designate an individual or another	
business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Sahana	7000	
Name		
DUANGEROLD	L. D1 #13/3	
Florida street address (P.D. Box NOT acceptable)		
-111		
City, State, and Zip		
City, Gato, at	id Lip	
	scept service of process for the above stated limited	
	nis certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all	
	formsince of my duties, and I am familiar with and	
	tered agent as provided for in Chapter 608, F.S	
	2/	
A Olbi	400-	
Registered Agent's Signatu	ire (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:	Name and Address:
"MGR" = Manager	<del>-</del>
"MGRM" = Managing Member	-
Mak	General Green
111094	17 (7 RAVEW Ph
	1/0/aser PC 32305
MGRM_	Bernie Mills
, ,	1257 Bokin RP
	Tollaham A 72705
<del></del>	
	•
	·
(Use attachment if necessary)	
•	, ,,
ARTICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
(If an effective date is listed, the date must be sp	pecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	<u> </u>
DO MOI	A 1001
Signature of a member of	r an authorized representative of a member.
ū	·
(In accordance with section	n 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.)	
Gene	and Corres
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)