L00000029139

(Requestor's Name)	
(Address)	
(Address)	
(nadiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	-
, , ,	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

Office Use Only



900067774209

03/15/06--01023--015 **155.00

2006 MAR 15 PH 4: 08

J. BRYSS MAR 2 0 2006

LAW OFFICES

BENJAMIN T. SHUMAN

4445 EDGEWATER DRIVE ORLANDO, FLORIDA 32804

(407) 295-4701

March 13, 2006

Department of State
State Of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: THOMAS SHUMAN, LLC

Gentlemen:

I enclose herewith original and copy of Articles of Limited Liability Company for the above-captioned Company together with my check in the amount of \$155.00 representing payment for the following:

Filing Fee	100.00
Resident Agent Designation Fee	
(Contained within Articles)	25.00
Certified copy of Articles	30.00

Please furnish me with a certified copy of the Articles. Thank you for your cooperation in this matter.

Very truly yours,

Benjamin T. Shuman

BTS:ls encls.

ARTICLES OF LIMITED LIABILA.

Know all men by these presents that there is hereby created a Limited Liability Company to Chapter 608, Florida Statutes, and these articles and agreements: pursuant to Chapter 608, Florida Statutes, and these articles and agreements:

ARTICLE II

This Company shall endure for a period of thirty years, unless sooner dissolved or terminated.

ARTICLE III

The name of the registered agent of this Company is Thomas Shuman, whose address is 6 N. Starr St., Oakland, Florida 34760.

ARTICLE IV

The principal office of this Company shall be 6 N. Starr St., Oakland, Florida 34760. The correct mailing address for said Company is P.O. Box 961, Oakland, Florida 34760.

ARTICLE V

The business of this Company shall be that of cabinet making, wood working, furniture making, and all similar projects.

ARTICLE VI

The ownership of interests in this Company shall be proven by presentment of a receipt for purchase of units of ownership for the sum of \$1.00 per unit of ownership, or a certificate of membership. All units of ownership issued initially shall be owned by Thomas Shuman. No units of ownership shall be issued except upon approval of Thomas Shuman.

ARTICLE VII

The powers set forth in Section 608.404 for the Company may be executed for the Company by Thomas Shuman, whose signature shall be affixed to any document as appropriate.

ARTICLE VII

The Company shall have two officers, to-wit: a President and a Secretary. Thomas Shuman shall serve in both capacities but in the event that it is necessary to have a secretary execute an instrument, he may appoint a person to serve in that capacity.

WITNESS THE EXECUTION of this instrument this 13th day of Mhack 2006.

Thomas Shuman

STATE OF FLORIDA COUNTY OF ORANGE

I, the undersigned Notary Public do hereby certify that Thomas Shuman personally appeared before me and acknowledged that he executed the foregoing instrument. Thomas Shuman is personally known to me.

Witness my hand and seal this 13th day of mmul 2006.

Loretta Shuman
MY COMMISSION # DD138977 EXPIRES
September 3, 2006
BONDED THRUTROY FAIN INSURANCE, INC.

NOTARIAL SEAL

Notary Public - State of Florida:

Sign Name: Horth

Print Name: Loretta Shuman

My Commission Expires ___09/03/2006

Commission No. DD138977

ACCEPTANCE OF REGISTERED AGENT APPOINTMENT

Know all men by these presents that I, Thomas Shuman, do hereby accept my appointment as Resident Agent for THOMAS SHUMAN, LLC.

Thomas Shuman