Division of Corporations Page 1 of 1

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# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

**SHENANDOAH I, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $125.00 |

RECEIVED
06 APR -7 AM 7:34
DIVISION OF CORPORATION

410

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -7 AM 9:12

ACCEPTED AND FILED

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# ARTICLES OF ORGANIZATION
# FOR
# FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Shenandoah I, LLC

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 10127 W. Oakland Park Boulevard | 10127 W. Oakland Park Boulevard |
| Sunrise, Florida 33351 | Sunrise, Florida 33351 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:

Mark I. Delman
Name

10127 W. Oakland Park Boulevard
Florida street address (P.O. Box **NOT** acceptable)

Sunrise FLORIDA 33351
City, State, and Zip

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TALLAHASSEE, FLORIDA
APPROVED AND FILED

*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, Florida Statutes..*

Mark I. Delman
By David Kingsley, his attorney in fact
Registered Agent's Signature

DAVID KINGSLEY ATTY IN FACT.



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**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: |
|---|---|
| MGR | Mark I. Delman<br>10127 W. Oakland Park Boulevard<br>Sunrise, Florida 33351 |
| | |
| | |
| | |

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:** DAVID KINGSLEY AUTH REP OF MEMBER

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.)

Mark I. Delman
Typed or printed name of signee

**Filing Fees:**
**$100.00 Filing Fee for Articles of Organization**
**$ 25.00 Designation of Registered Agent**
**$ 30.00 Certified Copy (Optional)**
**$ 8.00 Certificate of Status (Optional)**

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