## L060000 43846

(Rec	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
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SECRETARY OF STATE

2006 APR 24 PM 12: 2



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## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:	SHONI RISIN	I Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
•	TONI J. CATTEL	.L		_ ,
	C	Name of Person)	, gue	
<u> </u>	SHONI RISING	LLC		MAN APR.24 PM 12: 22
			•	ř
<del></del>	4630 NW 7tm	PLACE (Address)		_ <u>≃</u> 75
				: 22
	OFFRIELD B (City)	ERCH, FL. 3344 State and Zip Code)	<sup>4</sup> 2	-
For further information	concerning this matter, please	call:		
TON/ J	1. CATTELL	at ( 863 ) 557- A	1471	
(14ann	e of Telsolly	(Alea Code & Dayline To	stephone (vanioer)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	X \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Compa	ny is:				
	i RISING L				_	
(Must end with the words '	"Limited Liability Company,	"Limited Co	mpany" or their abbre	viation "LLC," or "L.	.C.,")	
ARTICLE II - Add The mailing address	lress: and street address of	the princi	pal office of the	Limited Liability	y Company is:	
Principal Office Ac	idress:	. <u>M</u>	ailing Address:			
4630 NW DEERMEND	7th PLACE BEACH, FL 33	3442 _	4630 NA) DEERHELD	TM PLACE BEACH, FL	<u>33</u> 442	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the page 2)	gistered Agent, Regis npany cannot serve as its ow tive Florida registration.)	stered Of n Registered	fice, & Register Agent. You must desi	ed Agent's Sign gnate an individual or	ature: APR 24	SECRETARN
						30
-	TONI J.	Name		<u> </u>	PM 12: 22	OF STATE
_			m PLACE		22	
			(P.O. Box NOT acc			·
-	OETERFIELD B	EACH, FI	33442			
	City,	State, and Z	Lip			

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 (REQUIRED)

(CONTINUED) Page 1 of 2



<u>Title:</u> "MGR" = Manag "MGRM" = Man		
MGRM	SHERVL CATTELL  4630 NW TTO PLA  DESPOYED BEACH	CE
MGRM	TONI CATTELL 4630 NW 7 PM PL	L ACE
	<u> </u>	
,	<u></u>	
ffective date is lis days after the d	date, if other than the date of filing:	6 (OPTIONA in five business day
LEV: Effective	date, if other than the date of filing:	6 (OPTIONA in five business day
LE V: Effective ffective date is list days after the d	date, if other than the date of filing:	member.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)