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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

	Division of Corporations						
, វូក្	SUBJECT: Name of Limite	Sherman, LLC					
	(Name of Limite	d Liability Company)					
	The enclosed Articles of Organization and fee(s) are s	he enclosed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:						
	Thomas C. H	errmann					
	(Name of Person)					
	The Alliance	uc					
	5401 S. Har	vaud, Ste. 100					
	Tulsa, OK	74(35 (State and 7 in Code)					
	(City	That and Dip Code)					
	For further information concerning this matter, please	call:					
	Chris Herrmann	at (<u>866.:</u>) <u>4387825</u> (Area Code & Daytime Telephone Number)					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
	Enclosed is a check for the following amount:						
	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

The territory production is the opining the expectation of the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•
ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
The name of the Limited Liability Company is: Sherman Sherman LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 144 W. 31 Street Riviera Beach, FL 33404 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Steqory Sherman Name 144 W. 31 Street Florida street address (P.O. Box NOT acceptable) Riviera Beach FL 33404	
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1141 W. 31 Street	1141 W. 31 Street
Riviera Beach, FL 33404	Riviera Beach, FL 33404
(The Limited Liability Company cannot serve as it	ts own Registered Agent. You must designate an individual or another
The name and the Florida street addre	ss of the registered agent are:
Gregori	
Riviera	Seach FL 33404 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 (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
<u>MGRM</u>	Gregory Sherman 1141 W. 31 Street Riviera Beach, FL 33404	<u> </u>	
		_ _ _	
		 	
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the fan effective date is listed, the date must b or 90 days after the date of filing.)	e date of filing: (OPTI e specific and cannot be more than five busines	ONAL s days	.) prior
REQUIRED SIGNATURE:			
Signature of a member	or an authorized representative of a member.		
(In accordance with see of this document const that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)		
	ped or printed name of signee	190	SIAIO
Filing Fees:		<u></u>	200

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)