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DIVISION OF CORPORATION

COVER LETTER

	ation Section n of Corporations	
_{SUBJECT:} Je	effrey Sherman Archite	ect & Planner, LC
	(Name of Limite	d Liability Company)
The enclosed Art	ticles of Organization and fee(s) are s	submitted for filing.
Please return all	correspondence concerning this matte	er to the following:
Jeffre	y Sherman	
	(Name of Person)
Jeffre	y Sherman Architect	& Planner, LC
	1	(Firm/Company)
6200	Eagles Nest Dr.	
		(Address)
Jupite	er, Florida 33458	
-, 		/State and Zip Code)
For further inform	notion concerning this matter whose	andl.
roi lutuler illioni	nation concerning this matter, please	Can:
Jeffrey Sho		at (561) 308-8838
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	neck for the following amount:	•
☐ \$125.00 Filing	g Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
रक्ता विकास सम्बद्धा व	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Jeffrey Sherman Architect & Planner, LC (Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6200 Eagles Nest Dr.	6200 Eagles Nest Dr.	
Jupiter, FI 33458	Jupiter, FI 33458	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	· ·	
Name		
6200 Eagles Nest Dr.		
Florida street address (P.O. Box NOT acceptable)		
Jupiter	FL 33458	
City, State, and	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608. F.S	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE
SECRETARY OF STATE

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 M	Name and Address:
MGRM	Jeffrey Sherman 6200 Eagles Nest Dr. Jupiter, FI 33458
MGR	Susan J. Sherman 6200 Eagles Nest Dr. Jupiter, Ft 33458
(Use attachment if necess	ary)
ARTICLE V: Effective date, if or (If an effective date is listed, the ot or 90 days after the date of fili	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ng.)
REQUIRED SIGNATU	RE: of a member or an authorized representative of a member.
of this'do	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury e facts stated herein are true.)

Jeffrey Sherman

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)