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Incorporating Services, Ltd Me	lissa A. Murry	and the second second second
Requester's Name		. •
1540 Glenway Drive		
Address		·
Tallahassee, FL 32301 6	56-7956	
City/State/Zip Phot	n <b>e</b> #	5
	<u>.</u>	10 B 1
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CORPORATION NAME(S) & DO	CUMENT NUMBER	(S), (if known):
, SHL HOLDINGS, LLC		Office Use Only  (S), (if known):
(Corporation Name)	(Docutner	nt #)
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Other	Merger	
OTHER FILINGS	REGISTRATI	ION/QUALIFICATION
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CDADDOL/AMA		Examiner's Initials
CR2B031(7/97)		· · · · · <del>- · · · ·</del>

## **COVER LETTER**

TO:	Registration Se Division of Co				
					TALLEHASSEE. FLORIO
SUBJ	ECT: SHL H	oldings, LLC	11.12.0		
		(Name of Limite	ed Liability Compa	ny)	
					75 TO 1
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing		
Please	return all corresr	ondence concerning this matte	er to the following:	<u>.</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
			or to the tone mile.		952
	Melissa A.	Murry			J. C.
			(Name of Person)		
	Incorporati	ng Services, Ltd.			
			(Firm/Company)		
	1540 Glen	way Dr			
	1340 0161	iway Di.	(Address)		
			(Madress)		
	Dover, DE	19901			
			/State and Zip Code)	)	
For fur	ther information	concerning this matter, please	call:		
		, , , , , , , , , , , , , , , , , , ,			
Melis	sa A. Murry		at (	656.795	6
	<del></del>	of Person)	(Area Code		elephone Number)
					•
Enclos	sed is a check for	or the following amount:			
		Ū		^	<b>—</b>
<b>▼</b> \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fil Certified Copy		\$160.00 Filing Fee, Certificate of Status &
		Certificate of Status	(additional copy is		Certified Copy
			(жашилогии скер) 22	, , , , , ,	(additional copy is enclosed)
		Mailing Address		urier Addres	<u>ss</u>
		Registration Section	Registratio		
		Division of Corporations P.O. Box 6327	Division o Clifton Bu	of Corporatio	ins
		Tallahassee, FL 32314		outive Center	: Circle
				e, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite SHL Holdings, LLC	d Liability Company i	is:	
OUT HOIGHAR, CTO			<del></del>
ARTICLE II - Address an		principal office of the Limited L	iability Company is:
Principal Office Addr	ess:	Mailing Address:	
301 Yamato Road, Suite	3198	301 Yamato Road, Suite 3198	
Boca Raton, FL 33431		Boca Raton, FL 33431	
<del></del>	L Holdings, LLC, Attn: N Na 1 Yemato Road, Suite 3	me	JUN 29 PH 12: 40 CRETARY OF STATE LAHASSEE, FLORID
	Fiorida street	address (P.O. Box NOT acceptable)	SRI C.
Вос	ca Raton, FL 33431	FL	5m o
	City, Sta	te, and Zip	·
liability company a registered agent and a statutes relating to ti	nt the place designated agree to act in this capa he proper and complete	to accept service of process for th in this certificate, I hereby accept acity. I further agree to comply wi e performance of my duties, and I de egistered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

Page 1 of 2

Registered Agent's Signature

<u>Title:</u> "MGR" = Manage "MGRM" = Mana	
MGRM	Steven H. Levenson
	301 Yamato Road, Suite 3198
	Boca Raton, FL 33431
	·
(Use attachment	if necessary)
•	if necessary) itional article must be added if an effective date is request
•	itional article must be added if an effective date is request  GNATURE:  All Julyn
NOTE: An add	itional article must be added if an effective date is request
NOTE: An add	itional article must be added if an effective date is request  GNATURE:  All Julyn
NOTE: An add	GNATURE:  Signature of member of an authorized representative of a member of this document constitutes an affirmation under the penalties of perjur

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)