L06000076349

(Requestor's Name)	
(Address)	60007807
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/31/060
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



4766

1058--014 **125.00

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Shorem	nan Holdings, LLC			
	(Name of Limite	d Liability Compa	iny)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	3 .	
Please return all correspondent	ondence concerning this matte	er to the following	: s : e	
J. Bradley	Guarino-Sanders_			
	(Name of Person)	-	
Afari Consu	ulting Group, LLC			
		(Firm/Company)		
10771 Isol	a Bella Court			
	- 5	(Address)		-:
Miromar L	akes, FL 33913			
	(City	/State and Zip Code)	A .A .E.
For further information	concerning this matter, please	call:		
J. Bradley Guarin	no-Sanders	at (239 (Area Code	433-429	2
(Name	of Person)	(Area Cod	e & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:			
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	у	☐ \$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	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation building secutive Center	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Shoreman Holdings, LLC				
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
	of the principal office of the Limited Liability Company is:			
3				
Principal Office Address:	Mailing Address:			
10771 Inole Balle Cavus	40774 India Dulla Const			
10771 Isola Bella Court	10771 Isola Bella Court			
Miromar Lakes, FL 33913	Miromar Lakes, FL 33913			
business entity with an active Florida registration.) The name and the Florida street address J. Bradley Guarino-S	•			
	Name ASS 06			
407744 4 10 11 0				
10771 Isola Bella C				
Florida	street address (P.O. Box NOT acceptable)			
Miromar Lakes, FL 339	913 FL 33913			
Cit	y, State, and Zip			
77 7 7 7				
	and to accept service of process for the above stated limited			
	ated in this certificate, I hereby accept the appointment as			
	capacity. I further agree to comply with the provisions of all			
	aplete 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			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	ber
MGRM	Sean Shore
	10771 Isola Bella Court
	Miromar Lakes, FL 33913
MGRM	Christine Shore
	10771 Isola Belia Court
	Miromar Lakes, FL 33913
	. A C.
	···
() Iso otto show out if a consum	
(Use attachment if necessary)
LE V: Effective date, if othe	than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days prior
days after the date of filing.)
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duy outer the dute of thing.	· · · · · · · · · · · · · · · · · · ·
	· - ———
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	: 2 ()
REQUIRED SIGNATURE	3 wh but
REQUIRED SIGNATURE	a member or an authorized representative of a member.
REQUIRED SIGNATURE Signature o (In accordan	a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution
REQUIRED SIGNATURE Signature o (In accordant of this document)	a member or an authorized representative of a member.

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)

Typed or printed name of signee