

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
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2007 JAN -5 PM 1: 03 SECRETARY OF STATE

107-3369 QL

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
SUBJECT: Shady	Lane Press, LLC		
•		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Summer I			
1	O	Name of Person)	
Amazon I	lose & Rubber C	0	
	(Firm/Company)	
PO Box 5	547665		
		(Address)	200 St TA!
Orlando,	FL 32854		II JA
· · · · · · · · · · · · · · · · · · ·		/State and Zip Code)	TAF ASS
For further information	concerning this matter, please	call:	2007 JAN -5 PM 1: 03 SECRETARY OF STATE TALLAHASSEE, FLORID
Summer Rodman at (407) 766-9955		55 FLORIU	
	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Address 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 Limited Liability Company is:		
Shady Lane Press, LLC		
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC,"	' or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1625 West Princeton Street	PO Box 547665	
Orlando, FL 32854	Orlando, FL 32854	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's tered Agent. You must designate an indivi	Signature: 100 and of Signature 100 and of Signatur
The name and the Florida street address of the r	registered agent are:	PH PH
Brad Kuhn		87 -
Name		1: 03 STATE LORIDA
9138 Queen Elizabeth	Court	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	
Orlando	FL 32818	
City, State, a	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>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Summer Rodman		
	PO Box 547665	·	
	Orlando, FL 32854		
MGRM	Brad Kuhn	<u></u>	
	9138 Queen Elizabeth Court		
	Orlando, Fl 32818		
· · · · · · · · · · · · · · · · · · ·			
		च 2	
(Use attachment if necessary)	(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	date of filing:	(ORTIONAL)) Francis
(If an effective date is listed, the date must be		usiness days	
to or 90 days after the date of filing.)		FLO	9 35 427 447.0 15 4274.000
		: 03 ATE RIDA	
REQUIRED SIGNATURE:		> ω	
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Suc 19	od-		
Signature of a membe	er or an authorized representative of a member.		
(In accordance with se 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 nerein are true.)		
Summer Rodman			
Ty	ped 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)