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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

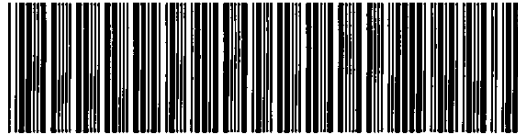
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-13  
JMS



James M. Shuta  
Attorney At Law

February 2, 2007

FL Department of State  
Registration Section  
P.O. Box 6327  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **NAM SHAN FAMILY  
LIMITED LIABILITY COMPANY**

Gentle(wo)men:

Enclosed are the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS UPON FILING.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,

James M. Shuta  
Board Certified Tax Attorney

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

**ARTICLE I**  
**Name**

The name of the Limited Liability Company is **NAM SHAN FAMILY LIMITED LIABILITY COMPANY**.

**ARTICLE II**  
**Address**

The mailing address and street address of the Principal Office is 2012 Brady Drive, Dunedin, FL 34698.

**ARTICLE III**  
**Business**

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

**ARTICLE IV**  
**Duration**

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

**ARTICLE V**  
**Management**

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is **Raymond NS Chan, 2012 Brady Drive, Dunedin, FL 34698**.

**ARTICLE VI**  
**Restrictions on Transfers**

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all of the Members. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

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**ARTICLE VII**  
**Members Rights to Continue Business**

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

**ARTICLE VIII**  
**Effective Date**

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 2 day of February, 2007.

WITNESSES:

AUTHORIZED MEMBER:

Helen Y. Moy Chan  
Sign Name

Raymond N. S. Chan  
Raymond NS Chan, Manager

Helen Y. Moy Chan  
Print Name

Barbara A. Shuta  
Sign Name

BARBARA A. SHUTA  
Print Name

STATE OF FLORIDA  
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 2 day of February, 2007, the foregoing was acknowledged before me by Raymond NS Chan (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who ( ) did or (X) did not take an oath.



**James M. Shuta**  
Commission # DD540527  
Expires April 13, 2010  
Bonded Troy Fan - Insurance, Inc. 800-385-7019

James M. Shuta  
Notary Public, State of Florida

JAMES M. SHUTA  
(Printed Name)

My Commission Expires: \_\_\_\_\_

Commission No. \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned **LIMITED LIABILITY COMPANY**, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

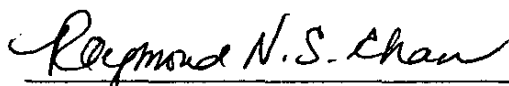
1. The name of the Limited Liability Company is:

**NAM SHAN FAMILY LIMITED LIABILITY COMPANY**

2. The name and address of the registered agent and office is:

Raymond NS Chan  
2012 Brady Drive  
Dunedin, FL 34698

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



\_\_\_\_\_  
Raymond NS Chan  
Registered Agent

Date: February 2, 2007

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