

LO7000040772

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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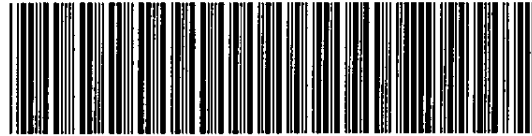
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-17
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shadetree of Charleston, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale S. Wilson
(Name of Person)

Dale S. Wilson, P.A.
(Firm/Company)

PO Box 1808
(Address)

Green Cove Springs, FL 32043
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dale S. Wilson/Penny Hopper at (904) 284-5618
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
SHADETREE OF CHARLESTON, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I
NAME

The name of the Limited Liability Company is SHADETREE OF CHARLESTON, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the company is 5000-18 Highway 17, #313, Orange Park, Florida 32003.

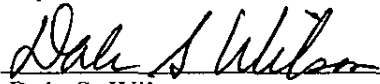
ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
REGISTERED OFFICE/AGENT

The registered office of this Limited Liability Company is 718 North Orange Avenue, Green Cove Springs, Florida 32043, and the Registered Agent at such location is Dale S. Wilson.

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.


Dale S. Wilson

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ARTICLE V
MANAGER AND MANAGING MEMBERS

Title:

Name and Address:

MGR

Thirteen Arrows, LLC
5000-18 Highway 17, #313
Orange Park, FL 32003

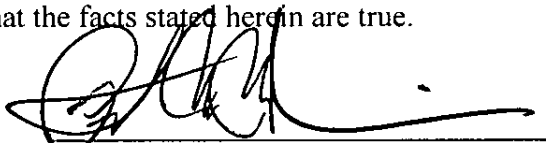
MGRM

Kahuna, LLC
4064 Colony Road, Suite 150
Charlotte, NC 28211

MGRM

Charleston Realty/Bryson Properties
327-A Folly Road
Charleston, SC 29412

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Authorized Representative
Peter W. Masalin, Managing Member
Thirteen Arrows, LLC

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