

L07000094586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400109115494

09/12/07--01026--009 **125.00

RECEIVED
07 SEP 12 AM 11:44
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

FILED
07 SEP 12 PM 4:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sham, LLC

FILED
07 SEP 12 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
- ☐ Cert. Copy_____
- ☒ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____

Signature

Requested by:

Name

Date

Time

WL *9/12* *11:00*

Walk-In

Will Pick Up

Courier



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2007

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: SHAM, LLC

Ref. Number: W07000045088

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2007 SEP 17 PM 2:01

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

07 SEP 12 PM 4:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

We have received your document for SHAM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

Letter Number: 407A00054041

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sham USA, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19861 NE 24th Avenue

Miami, Florida 33180

Mailing Address:

19861 NE 24th Avenue

Miami, Florida 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jullan Kainan

Name

19861 NE 24th Avenue

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33180

City, State, 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..

Jullan Kainan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
7 SEP 12 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

Page 2 of 2