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TALLAHASSEF, FLORIDA

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COVER LETTER

Registration Section

TO:

Division of Co	prporations		
SUBJECT: 2 SHA	NES, LLC	•	
		d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
ANNETT	TOMUNICON	-	
ANNETTE	E TOMLINSON (Name of Person)	
	·	ŕ	
		(Firm/Company)	
45004 D.	unto Dance Dancel	#000	2001 SE(
15031 Punta Rassa Road, #806			<u> </u>
		(Address)	TARY ASSE
FOIL MIYERS, FL 33908			
	(City	/State and Zip Code)	FES
			ORIE 3
For further information	concerning this matter, please	call:	A -
ANNETTE TO	MLINSON	at (239) 298-92	12
(Name	of Person)	(Area Code & 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 Filing Fee & Certified Copy (additional copy is enclosed)	\$\square\ \\$160.00 \text{ 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

2 SHANES, LLC

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
The mailing address and street address of th	e principal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
4001 Santa Barbara Boulevard, #121	4001 Santa Barbara Boulevard, #121		
Naples, FL 34104	Naples, FL 34104		
	tered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are: ON ON ON ON ON ON ON ON ON O		
ANNETTE TOMLINSO	ON SSR 2		
Name	• C		
15031 Punta Rassa	Road, #806		
Florida stree	Road, #806 t address (P.O. Box NOT acceptable)		
Fort Myers, FL	33908 DK 3		
City, State, a	nd 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	SHANE ROBB 15031 Punta Rassa Road, #806 Fort Myers, FL 33908		
MGRM	SHANE WALLACE 496 Crossfield Circle Naples, FL 34104	ZOOT	
MGRM	RYAN ROBB 496 Crossfield Circle Naples, FL 34104	OCT 22 CRETARY D	FILM
MGRM	ANNETTE TOMLINSON 15031 Punta Rassa Road, #806 Fort Myers, FL 33908	F STATE FLORIDA	O
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)			
REOUIRED SIGNATURE:			

<u>ked</u> signature:

Signature of a member or an authorized representative of a member.

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

ANNETTE TOMLINSON

Typed 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)