

L07660110300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

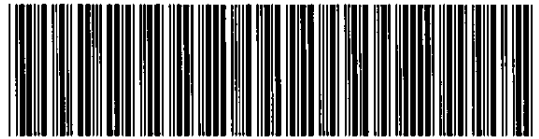
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 31 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 OCT 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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07 OCT 31 PM 3:12
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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SHELBY PALM, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION OF
SHELBY PALM, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I — Name

~~The name of the Limited Liability Company is~~ **SHELBY PALM, LLC.**

ARTICLE II — Address

The mailing address and street address of the principal office of the Limited Liability Company is 36 Lemon Bay Lane, Placida, Florida 33946.

ARTICLE III — Registered Agent & Registered Office

The name and street address of the registered agent of the Company is **Peter Johnson, Sr.**, 36 Lemon Bay Lane, Placida, Florida 33946

ARTICLE IV — Management

The Limited Liability Company is to be managed by one member and is, therefore, a member managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 26 day of October, 2007.


PETER JOHNSON, SR.
Authorized Representative of Member

STATE OF FLORIDA)
) ss.
COUNTY OF Charlotte)

The foregoing instrument was sworn to and acknowledged before me this 23rd day of October, 2007, by PETER JOHNSON, SR., who is personally known to me and who did take an oath.



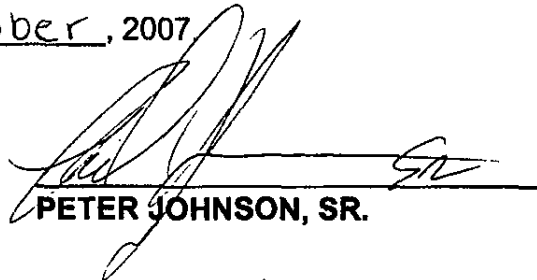
DEBORAH K. YOUNG
Commission DD 657086
Expires June 17, 2011
Bonded Thru Troy Fair Insurance 800-385-7019


Notary Public, State of Florida
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of ~~SHELBY PALM, LLC~~, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 26 day of October, 2007



PETER JOHNSON, SR.

articles 9-7-07.wpd