10700011696

(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:
MX

Office Use Only



700111346847

11/02/07--01021--005 **130.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shamrock-Klondike, LLC	
(Name of Limited Li	ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Stephen C. Nix	
(Nam	e of Person)
Shamrock-Klondike, LLC	
(Firm	(Company)
528 West Garden Street	
(/	Address)
Pensacola, Florida 32502	
(City/Stat	e and Zip Code)
For further information concerning this matter, please call:	
Stephen C. Nix	850- ∖477-0588 ≱జ 📜
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	FLED
<u>_</u>	USS 00 Filing For & Delso 00 Filing Fall
Certificate of Status	ATT-0588 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Mailing Address Registration Section	Street/Courier Address Pagintation Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shamrock-Klondike, LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	ha minainal affice aftha Limited Liability Commons, i		
The mailing address and street address of th	he principal office of the Limited Liability Company is	S:	
Principal Office Address:	Mailing Address:		
528 West Garden Street	528 West Garden Street		
Pensacola, Florida 32502	Pensacola, Florida 32502		
528 West Garden	Name SSEE FLORIDE TO STATE TO STA	, o MII:57	
	eet address (P.O. Box <u>NOT</u> acceptable)		
Pensacola, FL 32			
City, St	state, and Zip		
liability company at the place designated registered agent and agree to act in this cap	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a acte performance of my duties, and I am familiar with and	all	

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:

MGRM	Yukon Development, LLC
	7121 Fitzpatrick Road
	Pensacola, Florida 32526
(Use attachment if necessary)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pro
TEV. Effective data if other than t	the date of filing: (OPTIONAL)
	t be specific and cannot be more than five business days of

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.)

STEPHEN C. NIX

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)