

108000019530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

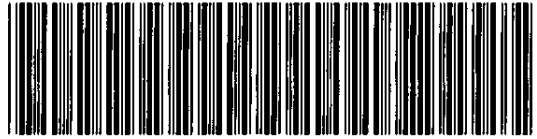
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 25 2008

EXAMINER

Dean S. Bress / Shirley J. Brown
10420 SW 16th Place
Davie, FL 33324
(954) 533-1807

February 20, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: SHIRDEAN , LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean S. Bress/Shirley J. Brown
10420 SW 16th Place
Davie, FL 33324

For further information concerning this matter, please call:

Dean Bress, 954-533-1807

Enclosed is a check for the following amount:

\$160 for Filing Fee, Certificate of Status & Certified Copy
(additional copy enclosed).

Thank you.

Sincerely,



Shirley J. Brown

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TALLAHASSEE, FLORIDA

/sjb
Enclosures

ARTICLES OF ORGANIZATION

FOR

SHIRDEAN, LLC

ARTICLE I. **Name:** The name of the Limited Liability Company is Shirdean, LLC.

ARTICLE II. **Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10420 SW 16th Place
Davie, Florida 33324

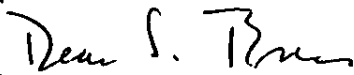
Mailing Address

10420 SW 16th Place
Davie, Florida 33324

ARTICLE III. **Registered Agent, Registered Office & Registered Agent's Signature:**

Name: Dean S. Bress
Address: 10420 SW 16th Place,
Davie, Florida 33324

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

ARTICLE IV. **Manager(s) or Managing Member(s):**

Title:

"MGR" = Manager

"MGRM"=Managing Member

MGRM

MGRM

Name and Address:

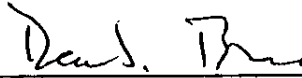
Dean S. Bress
10420 SW 16th Place
Davie, Florida 33324

Shirley J. Brown
10420 SW 16th Place
Davie, Florida 33324

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ARTICLE V. Effective date, if other than the filing date: _____.

REQUIRED 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.)

Dean S. Bress

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