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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		s of Status
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Special Instructions to Filing Officer:		

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08 APR | | PM 2: | SECRETARY OF STATE



131 N. 2nd St., Suite 230 Fort Pierce, FL 34950 Ph: 772-466-6678

Fax: 772-466-6679

TO: Registration Section

Division of Corporations

SUBJECT: SHINSEN, LLC

Enclosed are the Articles of Organization for Shinsen, LLC. The filing fee is included.

Please return all correspondence concerning this matter to the following:

Alison Leffew, Esq. 131 N. 2<sup>nd</sup> St., Suite 230 Fort Pierce, FL 34950

For further information concerning this matter, please call:

Alison Leffew, Esq. 772-466-6678

# **MAILING ADDRESS:**

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

# **STREET/COURIER ADDRESS:**

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

# ARTICLES OF ORGANIZATION OF SHINSEN, LLC.

#### ARTICLE I - NAME

The name of the limited liability company is SHINSEN, LLC ("company").

# **ARTICLE II - ADDRESS**

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

Principal Office Address:

Mailing Address:

3435 Aviation Blvd.

3435 Aviation Blvd.

Vero Beach, FL 32960

Vero Beach, FL 32960

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Alison Leffew, Esq. 131 N. 2<sup>nd</sup> St., Suite 230 Fort Pierce, FL 34950

08 APR 11 PM 2: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Alison Leffew

# ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR - 50%

Gina Costa

8785 Cooley Lake Road

MGMR - 50%

White Lake, MI 48386

Jane Koehler 1540 56<sup>th</sup> Court

Vero Beach, Fl 32966

**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.)

Jane Koehler

Typed or printed name of signee