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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**FLORIDA/FOREIGN LIMITED LIABILITY CO.****SHAMROCK DISTRIBUTORS II, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Shamrock Distributors II, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

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

Principal Office Address:

4839 SW 148th Avenue, Suite 612

Davie, FL 33330

Mailing Address:

4839 SW 148th Avenue, Suite 612

Davie, FL 33330

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ARTICLE III- Manager(s) or Managing Member(s):

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

Title

Name and Address:

Managing Member/Limited Member

Managing Member/Limited Member (34%)

Thomas J. Crivello

14920 Foxheath Drive

Southwest Ranches, FL 33331

Limited Member (33%)

Theresa Del Borrello

21666 Abington Court

Boca Raton, FL 33428

Limited Member (33%)

Frankie J. Fortini

19 West 15 Street

Deer Park, NY 11729

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(Use attachment if necessary)

ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

Thomas J. Crivello

Name

14920 Foxheath Drive

Florida Street Address

SW Ranches, FL 33331

City, State, and Zip


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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 certification, 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)

ARTICLE V: Effective date, if other than the date of filing: _____ (optional)

SIGNATURE: 

Signature of a member or its authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Type or printed name of signee.

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