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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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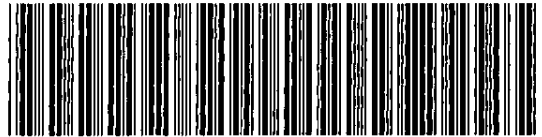
(Business Entity Name)

(Document Number)

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J. BRYAN

NOV 18 2008

EXAMINER

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shebear Enterprises, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon H. Ellerbe  
(Name of Person)

Shebear Enterprises, LLC  
(Firm/Company)

1000 Silcox Branch Circle  
(Address)

Oviedo, FL 32765  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Sharon H. Ellerbe at ( 407 ) 366-2231  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shebear Enterprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1000 Silcox Branch Circle

Oviedo, FL 32765

**Mailing Address:**

1000 Silcox Branch Circle

Oviedo, FL 32765

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

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

Sharon H. Ellerbe

Name

1000 Silcox Branch Circle

Florida street address (P.O. Box **NOT** acceptable)

Oviedo, FLORIDA 32765

City, State, and Zip

*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, Florida Statutes..*

Sharon H. Ellerbe

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Sharon H. Ellerbe

1000 Silcox Branch Circle

Oviedo, FL 32765

MGRM

James C. Ellerbe

1000 Silcox Branch Circle

Oviedo, FL 32765

(Use attachment if necessary)

ARTICLE V  
ARTICLE VI

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

ARTICLE VII

Sharon H. Ellerbe  
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.)

Sharon H. Ellerbe  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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