

L09000004390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

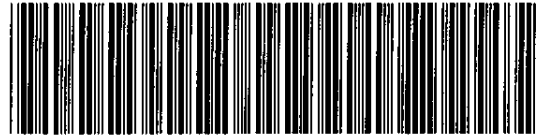
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600140340156

01/14/09--01034--018 **125.00

EFFECTIVE DATE

1/7/09

B. KOHR

JAN 15 2009

EXAMINER

RECEIVED
TALLAHASSEE, FLORIDA

09 JAN 14 AM 8:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

1/7/09

SUBJECT: Shamar's Entertainment, 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:

Erwin & Renita M. Maiten

(Name of Person)

Shamar's Entertainment, LLC

(Firm/Company)

3115 Hidden Lake Cv.

(Address)

Middleburg, FL 32068

(City/State and Zip Code)

For further information concerning this matter, please call:

Renita M. Maiten

(Name of Person)

at (904) 874-4058

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

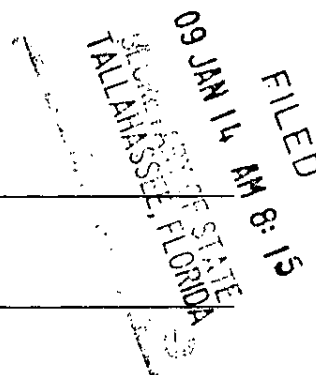
☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



EFFECTIVE DATE

1/7/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shamar's Entertainment, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

3115 Hidden Lake Cv.
Middleburg, FL. 32068

Mailing Address:

3115 Hidden Lake Cv.
Middleburg, FL 32068

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Shara Mondy

Name

11574 CORAL RIDGE AVENUE

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

Jacksonville FL 32218

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, F.S.

Shara Mondy

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR: Renita M. Maiten

3115 Hidden Lake Cv.

Middleburg, FL 32068

MGRM: Erwin Maiten

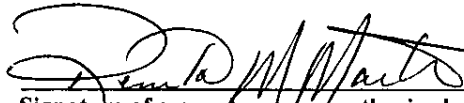
3115 Hidden Lake Cv.

Middleburg, FL 32068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 7, 2009. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Renita M. Maiten

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)



**Department of the Treasury
Internal Revenue Service
Ogden, UT 84201**

In reply refer to: 0458752201
Jan 07, 2009 LTR 147C
38-3794061

**SHAMARS ENTERTAINMENT
RENITA MAITEN PTR
3115 HIDDEN LAKE COVE
MIDDLEBURG FL 32068**

Taxpayer Identification Number: 38-3794061

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of January 7th, 2009.

Your Employer Identification Number (EIN) is 38-3794061. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

A. ROBERTSON

9409630

Customer Service Representative