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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
FALLAHASSEE. FLORID.

W09-7159 FEB 1 2 2001

J. BRYAN

FEB 2 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	15		
SUBJ	ECT: The Good S	hepherd, LL	.C.	
2020		(Name of Limi	ted Liability Company)	
The e	nclosed Articles of Organiza	ation and fee(s) are	submitted for filing.	
Please	e return all correspondence o	oncerning this mat	ter to the following:	
	Philip C. Korona			
			(Name of Person)	
	The Good Shep	herd, LLC.		I SE
			(Firm/Company)	2000年
	4657 S. Friday 0	Circle		EB 20 PH CRETARY OF SHARSSEE, F
			(Address)	FOR B
	Cocoa, Fl 3292	6		PR 1: 5
		(Cir	y/State and Zip Code)	OF OA
For fu	rther information concerning	g this matter, pleas	e call:	
Phil	ip C. Korona		at (321) 537-479	1
	(Name of Person)		(Area Code & Daytime Tele	ephone Number)
Enclo	sed is a check for the follo	owing amount:		
I \$125 CH# /!	5.00 Filing Fee \$130.0 Certifi	00 Filing Fee & cate 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)
	Registra Division P.O. Bo	Address ution Section of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2009

PHILIP C. KORONA THE GOOD SHEPHERD, LLC. 4657 S. FRIDAY CIRCLE COCOA, FL 32926

SUBJECT: THE GOOD SHEPHERD, LLC

Ref. Number: W09000007159



We have received your document for THE GOOD SHEPHERD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #N05000005024, GOOD SHEPHERD, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 709A00005242

ARTICLES OF ORGANIZATION FOR I		
ARTICLE I - Name: THE GOOD The name of the Limited Liability Company i	SHEPHERD PROPE is:	RTY MANAGEMENT, LLC
The Good Shepherd PROP	ERTY MANAGEN ability Company, "L.L.C.," or "LLC	MENT, LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lim	ited Liability Confinanyits:
Principal Office Address:	Mailing Address:	SAR POR
4657 S. Friday Circle Cocoa, Fl 32926	4657 S. Friday Circle Cocoa, Fl 32926	FL STEE
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate	
Philip C. Korona		
Name 4657 S. Friday Circles Florida street a Cocoa, Fl 32926 City, State	cle ddress (P.O. Box <u>NOT</u> acceptal FL	bie)
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	n this certificate, I hereby ac rity. I further agree to comp performance of my duties, a	cept the appointment as ly with the provisions of all and I am familiar with and

Registered Agent's Signature (REQUIRED)

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

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

MGR		Philip C. Korona
		75 %
Thing the best forms on the		
		ASSISTANCE OF THE PROPERTY OF
767.31.2.		E P
	<u></u>	
(Use attachment	if necessary)	,
	-	e date of filing: March 1, 2009 (OPTIONAL)
effective date is li	sted, the date must b	be specific and cannot be more than five business days pri
90 days after the d	ate of filing.)	

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.)

Philip C. Korona

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)