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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Johnny Sheppard, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
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#### FAX AUDIT # HO92000 571933

# ARTICLES OF ORGANIZATION OF Johnny Sheppard, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Johany Sheppard, LLC

**ARTICLE 11** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7533 North Gainer Bayou, Southport, Florida 32409.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Johnny Sheppard, 7533 North Gainer Bayoiu, Southport, Florida 32409. Located in the County of Bay.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Johnny Sheppard, 7533 North Gainer Bayou, Southport, Florida 32409

Date: March 6, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

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(608) 827-5300

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### FAX AUDIT # 409000 5 71933

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Johnny Sheppard, LLC

The name and address of the registered agent and office is Johnny Sheppard, 7533 North Gainer Bayoiu, Southport, Florida 32409. Located in the County of Bay.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

ry Sheppard

Data:

SECRETARY OF STA

FAX AUDIT# 409000571933