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SECRETARY OF STATE
AHASSEF FLORING

J. BRYAN

APR 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:S	heller Me (Name of Limited L	edia Arts iability Company)	LLC.
The enclosed Articles of	Organization and fee(s) are subn	nitted for filing.	APR ?
Please return all correspon	ndence concerning this matter to	the following:	ASSE A
- Ry	an .C. Sl	nelley ne of Person)	P. F. LORIO
SI	relley Medic	n/Company)	LLC
3750	Silver Bluf	F Blud. Un	1.505
Orang	e Park F	L, 32068 te and Zip Code)	
For further information co	oncerning this matter, please call	:	
Ryan -C. (Name of	Shelley at ((Area Code & Daytime Tele	- 6960 phone Number)
Enclosed is a check for	the following amount:		
\$125.00 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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SEC T
Shelley Media	Arts LLC. 器空气
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
3750 Silver Bluff Blud. Unit 505 Ovange Park FL, 32065	3750 Silver Bluff Blud unt 505. Orange Park EG 32065
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Ryan C. Name 3750 Silver Florida street addre	Shelley Bluff Blud. unt. 505 ess (P.O. Box NOT acceptable) FL 32065 d Zip
Having been named as registered as all and	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM"	Ryan C. Sheller 3758 Silver Bloff Bud. Unit & Orange Park FG 32065
	99 APR 24 SECRETARY TALLAHASS
	RY OF STATE STATE FLORID
(Use attachment if necessary) CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that ffective date is listed, the date may	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
CLE V: Effective date, if other that effective date is listed, the date may	n the date of filing: (OPTIONAL) 1st be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ember or an authorized representative of a member.

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)