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SECRETARY OF STATE
TALLAHASSEF, FINALE

D. BRUCE

MAY 18 2009

**EXAMINER** 

# **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	ect:	SHARE T	HE TECHNOLOGY, L	LC			
3000			ted Liability Company		_		
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.				
Please	return all corres	pondence concerning this mat	ter to the following:				
		(	OSNAT GERI			_	
			Name of Person				
		SHARE TH	IE TECHNOLOGY, LLC				
			Firm/Company			_	
	15180 BISCAYNE BLVD.						
			Address		A <sub>m</sub>	- 09	
		NORT	'H MIAMI FL 33160		CRE	MA	
			ty/State and Zip Code		TAR ASS	Y 15	a p
		ogeri	@prodigyrealty.net		EO Y		Î
-		E-mail address: (to be used	for future annual report notification)		E'S	P¥ 2:	-
For fur	ther information	concerning this matter, pleas	e call:		TATE ORIDA	: 29	•
	OSI	NAT GERI		331-4925			
	Name	of Person	Area Code & Daytime Te	lephone Number			
Enclos	sed is a check f	or the following amount:					
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Certified Copy (additional copy	Status & y		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addres Registration Section Division of Corporation Clifton Building	_			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		Company is:			
(Mu.	SHARE TH	E TECHNOLOC "Limited Liability Compar	<b>3Y, LLC</b> 1y," "L.L.C.," or "LLC.'	")	
ARTICLE II - Add The mailing address		ess of the principal c	office of the Limite	ed Liability Com <sub>l</sub>	pany is:
Principal Office A	ddress:	<u>Mailir</u>	ig Address:		
15180 BISCAYNE NORTH MIAMI FL 33160	E BLVD.		) BISCAYNE BLY TH MIAMI 160	VD	
(The Limited Liability Co business entity with an a	mpany cannot serve as ctive Florida registration	Registered Office, s its own Registered Agent on.)	. You must designate an	gent's Signature: in individual or another. ALAHA	O9 MAY
		OSNAT GERI		S.	15 PM
•		Name		<u></u> c	2 70
	21055 YA	ACHT CLUB DR. A	NPT.#605	10 10 10	2 7
	Florida street	address (P.O. Box NO)	(acceptable)	RATE	No.
	AVENTURA	A 33180 FL		<b>&gt;</b>	•
		City, State, and Zip			
liability compan registered agent an statutes relating to	ny at the place des nd agree to act in to o the proper and gations of my posi	gent and to accept se signated in this certif this capacity. I furth complete performand ition as registered ag	icate, I hereby accer wer agree to comply ce of my duties, and went as provided for	ept the appointme wwith the provision d I am familiar wi	nt as ns of all ith and

(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:

<u>Title:</u> "MGR" = M	anager	Name and Address:	
	Managing Member		
MGR		ARTURO AVILA 15180 BISCAYNE BLVD. NORTH MIAMI, FL 33180	<u>-</u>
MGR	<del></del>	HAIM GERI 21055 YACHT CLUB DR. #605 AVENTURA, FL 33180	PERIOR IV
		FLORID	15 PM 2:29 8かから7a7t
(Use attachm	nent if necessary)		_
effective date	tive date, if other than the date is listed, the date must be some date of filing.)	nte of filing: MAY 10, 2009 (OPT pecific and cannot be more than five business).	IONAL ss days
REQUIRE	SIGNATURE:		
	(In accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution lites an affirmation under the penalties of perjury	
	that the facts stated hereir	n are true.)	

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)

FFFECTIVE DATE 5 10 09 Page 2 of 2