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COVER LETTER

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Sheffo & Associates, LLC		mited Liability Company	Name of Lim	
Gary Roche Name of Person Sheffo & Associates, LLC Firm/Company 350 SE 2nd Street, #2580 Address Fort Lauderdale, FL 33301 City/State and Zip Code Garyroche64@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Roche Name of Person at (954) 494-1661 Area Code & Daytime Telephone Numb Enclosed is a check for the following amount: S125.00 Filing Fee Scriffed Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314		re submitted for filing.	of Organization and fee(s) are	The enclosed Articles
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		2661 Executive Center Circle	Tallahassee, FL 32314	,
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Sheffo & Associa		
(Must end with the words "Limited Liabili	ity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
350 SE 2nd Street, #2580	350 SE 2nd Street, #2580	
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration of the registration. Solution of the registration of the registr	ered Agent. You must designate an individual or anot SECRETARY OCHE reet, #2580	re: her 2009 JUL -6 PM 3: 26
City, State, an	··	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signature.	accept service of process for the above standis certificate, I hereby accept the appoint v. I further agree to comply with the proving formance of my duties, and I am familian stered agent as provided for in Chapter 60	ment as isions of all with 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:

"MGR" = Manag		Name and Address:	
IVIOINIVI — IVIAII	ger laging Member		
MGRM		Gary Roche	
		350 SE 2nd Street. #2580	
		Fort Lauderdale, FL 33301	ı I
		Fort Lauderdale, FL 33301	
			
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(Use attachment	if necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)