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Office Use Only



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S. HAWKES

JUL 1 3 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C						
SUBJI	ECT:	SHENTE	LINV	/ESTI	MENTS	LLC	;
	Name of Limited Liability Company						
The en	closed Articles	of Organization and fee(s) are	submitte	ed for fil	ling.		
Please	return all corres	pondence concerning this man	tter to the	e followi	ing:		
		RO	SHAN		RU	······································	
			Name o	f Person			
		SHENTE			ENTS LLC	· ·	· · · · · · · · · · · · · · · · · · ·
			Firm/C	ompany			
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•	 	E-mail address: (to be used	for future	annual n	eport notificat	ion)	
For fur	ther information	concerning this matter, pleas	e call:				
		AN JHAGRU	at (561			87-9080
	Name	e of Person		Area Co	ode & Daytim	e Telej	phone Number
Enclos	sed is a check t	for the following amount:					
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	— Ce	rtified (ling Fee & Copy opy is enclose	d)	\$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		Registr Division Clifton 2661 E	Courier Addration Section on of Corpora Building Executive Ceassee, FL 32	ations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABII **ARTICLE I - Name:** The name of the Limited Liability Company is: SHENTEL INVESTMENTS LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 8105 VIA BOLZANO 8105 VIA BOLZANO LAKE WORTH LAKE WORTH FLORIDA 33467 **FLORIDA 33467** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ROSHAN JHAGRU	
Name	
8105 VIA BOLZANO	
Florida street address (P.O. Box NOT acceptable	c)
LAKE WORTH, 33467 FL	
City, State, and Zip	

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 (REOUIRED)

(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:

WGRM ROSHAN JHAGRU 8105 VIA BOLZANO LAKE WORTH, FL 33467 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:JULY 3RD,2009 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days p or 90 days after the date of filing.) REOUIRED SIGNATURE: (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.) ROSHAN JHAGRU Typed or printed name of signee	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:JULY 3RD,2009 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days por 90 days after the date of filing.) REQUIRED SIGNATURE: (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.) ROSHAN JHAGRU Typed or printed name of signee	MGRM	
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REQUIRED SIGNATURE: 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.) ROSHAN JHAGRU Typed or printed name of signee	(Use attachment if necessary)	
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Typed or printed name of signee	Latinger	or an authorized representative of a member.
	Signature of a metribe (In accordance with second this document const	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
	Signature of a metribe (In accordance with second this document const	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)