

L09000068059

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(City/State/Zip/Phone #)

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JUL 15 2009

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SECRETARY OF STATE
DIVISION OF
09 JUL 14 AM 8:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SH4L LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Makofske

Name of Person

SH4L LLC

Firm/Company

2093 Galveston Ave

Address

Deltona, FL 32725

City/State and Zip Code

monica4_17@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Makofske

Name of Person

at (407)

963-7451

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SH4L 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:

2093 Galveston Ave
Deltona, FL 32725

Mailing Address:

2093 Galveston Ave
Deltona, FL 32725

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 business entity with an active Florida registration.)

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

Monica Makofske

Name

752 Westmoreland Drive

Florida street address (P.O. Box **NOT** acceptable)

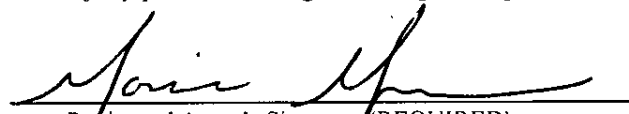
Orlando, FL 32804

City, State, and Zip

09 JUL 14 AM 8:26

SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Joseph Francis Fogarty IV

2093 Galveston Ave

Deltona, FL 32725

MGRM

Monica Makofske

752 Westmoreland Drive

Orlando, FL 32804

MGRM

Robert Allen Fizer

5949 Boggs Ford Road

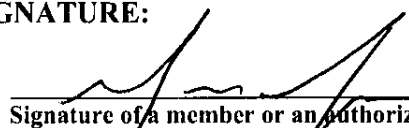
Port Orange, FL 32127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 00, 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Monica Makofske

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)