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Office Use Only



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COVER LETTER

Division of C			
SUBJECT:		+ Myers LLC ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Charles	Name of Person	2009 AUG -3 SECRETARY TAULAHASSE
		Firm/Company	-3 PM
	2200 B	runge LANE Address	S ATT
	Ft Myer	s FL 33912 y/State and Zip Code	Din
	SSCOQUING &	or future annual report notification)	
For further informatio	n concerning this matter, please	e call:	
DEANN	CATTE 04 e of Person	at (<u>339</u>) <u>833 -59 (8</u> Area Code & Daytime Telephone Nu	3 Imber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif	00 Filing Fee, icate of Status & Ged Copy onal 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:		
The Shop Ft My (Must end with the words "Limited Liability)	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 is:	
Principal Office Address:	Mailing Address:	
2200 Bruner LANE F+ MYERS, FL 33912	2200 Bruner LANE FL Myers, FL 33912	
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 granotle business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Charles Heaman Name 2200 Brunes Lane Florida street address (P.O. Box NOT acceptable)		
F4 Myens City, State, and	FL 33912 IZip	
liability company at the place designated in the registered agent and agree to act in this capacity.	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and	

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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" = Manager "MGRM" = Managing Member	Name and Address:
mar	Charles Herman 2200 Brunge Lane For Myers, FL 33912
	ZOO9 AI SECR
	HASSEE. FLOR
(Use attachment if necessary)	DE
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: 7/22/09. (OPTIONAL) e specific and cannot be more than five business days prior
Signature of a member	er or an authorized representative of a member.
of this document const that the facts stated her	etion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) HERMAN ped or printed name of signee
Filing Fees:	· · ·
\$125.00 Filing Fee for Articles of Orga	nization and Designation

of Registered Agent

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