

# L09000103042

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Division of Corporations  
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Division of Corporations  
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Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407) 298-3900  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sheila Baker, LLC

Certificate of Status	1
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T. HAMPTON

OCT 27 2009

EXAMINER



October 22, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A. ALI, CPA

SUBJECT: SHELIA BAKER, LLC  
REF: W09000047010

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: B09000224924  
Letter Number: 709A00033653

P.O. BOX 6327 - Tallahassee, Florida 32314



October 26, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A. ALI, CPA

SUBJECT: SHELIA BAKER, LLC  
REF: W09000047010

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 23, 2009. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H09000224924  
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SHEILA BAKER, 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:

**348 CELERY CIRCLE,  
OVIEDO FL 32765**

**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.)

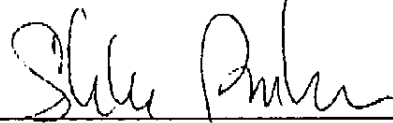
The name and the Florida street address of the registered agent are:

**SHEILA BAKER**

**348 CELERY CIRCLE**

**OVIEDO, FL 32765**

*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..*



**SHEILA BAKER / Registered Agent's Signature**

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager  
"MGRM" = Managing Member

SHEILA BAKER MGRM  
348 CELERY CIRCLE  
OVIDO, FL 32765, MGRM

**ARTICLE V:** Effective date, if other than the date of filing: **OCTOBER 26<sup>TH</sup>, 2009**  
(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.)

**SHEILA BAKER**

Typed or printed name of signee

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