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EXAMINER



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SECRETARY OF STATE

COVER LETTER

	stration Section ion of Corporations	-
SUBJECT: _	SHE	BO Products, LLC
·	Name of Limit	ed Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return a	Il correspondence concerning this mat	ter to the following:
	1	Brian Woods Name of Person
		Name of Person
	SHB	O Products, LLC
		Firm/Company
·	325 Cle	ematis ST STE 403
		Address
	West Pa	ılm Beach, FL 33401
	Cit	y/State and Zip Code
	bwoods	@shboproducts.com or future annual report notification)
For further inf	ormation concerning this matter, please	·
···	Brian Woods Name of Person	at (561) 283-0825 Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	Acce code as Day and Persphone Number
∕∫\$ 125.00 Fili	ng Fee \$\int\\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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:	
SHBO Produc	
	ry Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
224 Datura Street Suite 1418	325 Clematis Street Suite 403
West Palm Beach, FL 33401	West Palm Beach, FL 33401
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Jeffrey Harrin	gton, Esq 🖒 📆 🖺
Name	
224 Datura Stre Florida street address (P.O.	
	- om
West Palm Beach	FL 33401
City, State, an	ra zih

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 Agen's Signature (REQUIRED

(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:

III I CODIII		Name and Address:
"MGR" = Mana "MGRM" = Ma		
MGRM		SHBO Holdings, LLC
		325 Clematis St. Ste 403
		West Palm Beach, FL 33401
	_	
(Use attachment	if necessary)	
•	• *	date of filing: (OPTIC
LE V: Effective fective date is li	date, if other than the sted, the date must b	date of filing: (OPTIC
LE V: Effective fective date is li days after the d	date, if other than the sted, the date must bate of filing.)	date of filing: (OPTIC e specific and cannot be more than five business
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LE V: Effective fective date is li days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Bran L Signature of a member (In accordance with see	e specific and cannot be more than five business Wood er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution
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Page 2 of 2

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