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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Share Athman (L)	
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: Tracis Shane Attman Name of Person SST ST ST SST SST SST SST SST	
Please return all correspondence concerning this matter to the following: Train'S Shane Attman African Strain Shane Person Shane Person Shane Person Firm/Company To 8 Sin Richard Load Address Tall F-1 32310	great b _{ill}
City/State and Zip Code Pittngns 940 6 yahoo com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Share Pittman at (850) 509-49// Name of Person at (850) Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Shane Pittman LCC
(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:
Principal Office Address: Mailing Address: 708 Sir Richard Foad 708 Sir Richard Road Tall. F132310 Tall. F132310
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:
TRAVIS S. Pittman
Florida street address (P.O. Box NOT acceptable)
Tall FL 32310 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 (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:

"MGR" = Manager	
"MGRM" = Managing Member	
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MGRW	PRAVIS Se Pittman
	708 Sir Richard
	Tall F1 32310
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