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T. HANDTON

SEP-8 2010

EXAMINER

COVER LETTER

TO: *	Registration S Division of Co			
SUBJE	CCT: Townes		ad Liability Commons	
		Name of Limit	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	ter to the following:	
	Shannon Ros	s Deal		
			Name of Person	
	········		Firm/Company	
	925 Falling W	aters Road		
			Address	
	Chipley, Florid	da 32428		
		Cit	y/State and Zip Code	
	sdeal@dealco			
		E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Shan	non Ross Dea		at (850) 544-2524	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a check fo	or the following amount:		
⊒ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabilit	ty Company is:	
Townes & Shel, LLC (Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
925 Falling Waters Road	925 Falling Waters Road	
Chipley, Florida 32428	Chipley, Florida 32428	
(The Limited Liability Company cannot set business entity with an active Florida regi	ent, Registered Office, & Registered Ager rve as its own Registered Agent. You must designate an in stration.) address of the registered agent are:	
Shannon Ro	oss Deal	
	Name	
925 Falling	Waters Road	
	Florida street address (P.O. Box NOT acceptable)	
Chipley	_{FL} 32428	
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper of	ed agent and to accept service of process for to designated in this certificate, I hereby accept t in this capacity. I further agree to comply wand complete performance of my duties, and I position as registered agent as provided for in	t the appointment as with the provisions of all I am familiar with and
Ma	MELL	S OI
-Register	red 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:

MGRM	Shannon Ross Deal
	925 Falling Waters Road
	Chipley, FL 32428
// · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	•
LE.V. Effective date, if other	than the date of filing: (OPTIONAL)
Santina data in lintad the data	must be specific and cannot be more than five business da

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.)

Shannon Ross Deal

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)