

L10000105582

(Requestor's Name)

M. ROBINSON

3658 ALDER 3/2 UNIT F1

WEST PALM BCH, FL 33417

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

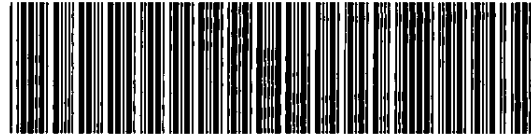
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W10000045337

Office Use Only



500185856585

09/27/10--01011--020 **125.00

Effective Date 9-24-10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 2:33

FILED

J. SAULSBERRY
EXAMINER

OCT 8 2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHANE TECHNOLOGY L.L.C

(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:

MICHAEL ROBINSON

Mailing Address:

3658 ALDER DR UNIT F1

WEST PALM BEACH, FL 33417

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:

NEVILLE ANDERSON

Name

3658 ALDER DR UNIT F1

Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH FL 33417

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

FILED
2010 SEP 27 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michael Robinson

3658 ALDER DR. UNIT F1

WEST PALM BEACH, FL 33417

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/24/10 (OPTIONAL)

(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:

Michael Robinson

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.)

MICHAEL ROBINSON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 2:33

FILED

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)