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PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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FILED

10 OCT 28 ANII: 42

SECRETARY OF STATE
SECRETARSSEE, FLORID

W1-49572

J. BRYAN

OCT 2 9 2010

**EXAMINER** 

# **COVER LETTER**

Divis	stration Section ion of Corporations
SUBJECT:	Show Design + Build; LLC  Name of Limited Liability Company
<u>-</u>	Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Linna K. Shaw Name of Person
	Name of Person
	ALLE O T
	Firm/Company
	Address Lake Mary, FL 32746
	Address
	Lake Harry FL 32746 City/State and Zip Code
	City/State and Zip Code
	SCMS.LS @ Hall.CoM E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Line	Name of Person at (457) 321-6395  Area Code & Daytime Telephone Number
	The Code & Sayante Telephone Name
Enclosed is a	check for the following amount:
<b>□</b> \$125.00 Fili	ng Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2010

LINDA K. SHAW 386 PINE TREE RD. LAKE MARY, FL 32746

SUBJECT: SHAW DESIGN AND BUILD, LLC

Ref. Number: W10000049572

FILED 10 OCT 28 AM II: 42 SECRETARY OF STATE ASSEE, FLORIDA

We have received your document for SHAW DESIGN AND BUILD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 20, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 010A00024904

De la jugado lagrigo essació, la como labora como la construir. La carrest carresta o la <sub>es</sub>ponte carro la cuma esta de construir especial perputa vivillate que construir construir.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sh	au Design	mited Liability Company, "L.L.C.," or "LLC.")	
()	Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - A The mailing addr		of the principal office of the Limited I	Liability Company is:
Principal Office	Address:	Mailing Address:	
186 Pine Lake H	Tree Rd. Ary, FL 32746	1386 Pine Tree P Lake Mary F	<u>Ld.</u> : <u>L</u> 2746
(The Limited Liability	Registered Agent, Re	egistered Office, & Registered Agent s own Registered Agent. You must designate an ind Effe	
(The Limited Liability business entity with a	Registered Agent, Re Company cannot serve as its in active Florida registration.)	s own Registered Agent. You must designate an ind	ective Date   1   18   10
(The Limited Liability business entity with a	Registered Agent, Recompany cannot serve as its in active Florida registration.)  e Florida street address:  Limas  386 Pin  Florida	s own Registered Agent. You must designate an ind Effe	lividual or another

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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.

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) May 18, 2010 ARTICLE V: Effective date, if other than the date of filing: . (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:**

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.)

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)