

L11000004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

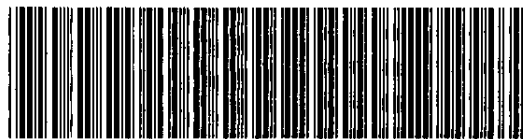
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500190077855

01/10/11--01030--025 \*\*160.00

FILED  
2011 JAN 10 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 11 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Shop Irish Silver, L.L.C.

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:

Donna Delahunty

Name of Person

Shop Irish Silver, L.L.C.,

Firm/Company

7751 NW 49th Street Road

Address

Ocala, FL 34482

City/State and Zip Code

geanuil@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Delahunty

at

352

274-4157

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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 Circle  
Tallahassee, FL 32301

2011 JAN 10 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



**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:**

MGRM

Donna Delahunty

7751 NW 49th Street Road

Ocala, FL 34482

MGRM

Judith Hagin

1644 Sand Key Estates Court

Clearwater, FL 33767

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A

(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.)

2011 MAY 10 PM 1:55  
FILED  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Judith Hagin  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Judith Hagin

Typed or printed name of signer

**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)**