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(Requestor's Name)				
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JAN 11 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Shop Irish S					
	Name of Limit	ed Liability Comp	any		
The enclosed Articles of Organizati	ion and fee(s) are	submitted for filing	g.		
Please return all correspondence co	ncerning this mat	ter to the following	i:		
Donna Delahur	nty				
		Name of Person			
Shop Irish Silve	r, L.L.C.,				
		Firm/Company			
7751 NW 49th S	treet Road	1			
		Address			
Ocala, FL 34482	O'.	10: 17' C 1		بر به درم پر	
gaanuil@aal aam	Cit	y/State and Zip Code))	
geanuil@aol.com E-mail a	ddress: (to be used t	for future annual rep	ort notification)		
For further information concerning	this matter inlease	e call·		1,000 1,000 1,000 1,000	, -p [-
Tot further information concerning	ans maner, preas	V W.111		FT ()) <u>(</u> ,
Donna Delahunty		_at (352	274-4157	হেল ঐ নাড m	d ≀n
Name of Person		Area Code	e & Daytime Tele	phone Number 🧦	-
Enclosed is a check for the follo	wing amount:				
	Filing Fee & cate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
Division P.O. Box	ion Section of Corporations	Registrat Division Clifton E	ourier Address ion Section of Corporations Building ecutive Center O		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Shop Irish Silver, L.L.C.		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
7751 NW 49th Street Road Ocala, FL 34482	7751 NW 49th Street Road Ocala, FL 34482	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	-ra
The name and the Florida street address of the re	egistered agent are:	f. vh ⇔ππ.,a vi. →twinig.
Donna Delahunty	TO 72	1
Name	from Chi.	1
7751 NW 49th Sti	reet Road	
Florida street add	lress (P.O. Box NOT acceptable)	
Ocala, FL 34482	FL	
City, Sta	ate, 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)

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

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

<u>Title:</u> "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)	
•	the date of filing: N/A
ICLE V: Effective date, if other than	the date of filing: N/A (OPTIONAL)
n effective date is listed, the date mus	st be specific and cannot be more than five business days pr
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	्राह्म ज स्थान
Indud H	L. a. i
	ember or an authorized representative of a member.
ű	•
(In accordance with section constitutes an affirmation u	n 608.408(3), Florida Statutes, the execution of this document 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 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)