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D. BRUCE

FEB 2 3 2011

EXAMINER

* COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Shelter Bay Securities, LLC
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:
John D. Fritz
Name of Person
Shelter Bay Securities, LLC
Firm/Company
8942 Shenendoah Circle
Address
Naples, FL 34113 City/State and Zip Code
jfritz@shelterbaysec.com 무유 포 때
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
John Fritz at (239) 331-8693
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$250.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Shelter Bay Securities, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
Naples, FL 34113	8942 Shenendoah Naples, FL 34113	
	+ maren	
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of John D. Fritz 8942 Shenend	Registered Agent. You must designate an in the registered agent are:	FILED SEB 22 PM 3: 21 FILED STATE ARY OF STATE AND A
Florida stre	et address (P.O. Box NOT acceptable)	
Naples	_{FL} 34113	
Cil	ty, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this certificate, I hereby accep pacity. I further agree to comply w te performance of my duties, and I	t the appointment as with the provisions of al I am familiar with and

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR∕M	John D. Fritz
	8942 Shenendoah Circle
	Naples, FL 34113
	
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•	he date of filing: date of filing (OPTION
	he date of filing: date of filing . (OPTION be specific and cannot be more than five business date
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation un	be specific and cannot be more than five business day ALCOMANDER AND
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	be specific and cannot be more than five business day ALCARA SELECTION AND ALCARA Ber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein structure formation submitted in a document to the Department only as provided for in s.817.155, F.S.)
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