

From:

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800) 221-0102  
Fax Number : (800) 944-6607

L. SELLERS

JUN - 1 2011

EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dgavin@nationalcorp.com

FLORIDA LIMITED LIABILITY CO.

Sharon M LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
11 MAY 31 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

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Help

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sharon M LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**Sharon M LLC10842 Greenbriar Villa DriveWellington, Florida 33449**Mailing Address:**Sharon M LLC10842 Greenbriar Villa DriveWellington, Florida 33449**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:

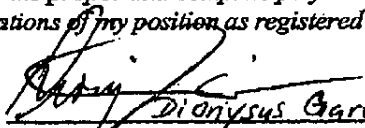
National Corporate Research, Ltd., Inc.

Name

515 East Park AvenueFlorida street address (P.O. Box NOT acceptable)TallahasseeFL32301

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..*

  
Dionysus Garvin, Assistant Secretary  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

(((H11000142661 3)))

From:

05/31/2011 12:23

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((H11000142661 3)))

**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

Sharon Varriale

10842 Greenbriar Villa Drive

Wellington FL 33449

MGRM

Richard Varriale

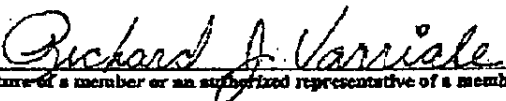
10842 Greenbriar Villa Drive

Wellington FL 33449

(Use attachment if necessary)

**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. 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.)

Richard Varriale

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)

Page 2 of 2

((H11000142661 3)))

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