

Aug. 10. 2011 3: PMns

# L11000092283

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000200972 3)))



H110002009723ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

**L. SELLERS**

AUG 11 2011

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

16066

**EXAMINER**

From: Account Name : WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
Account Number : I20000000216  
Phone : (813)221-2626  
Fax Number : (813)221-7335

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

Email Address: \_\_\_\_\_

RECEIVED  
11 AUG 10 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
SHAWN JAMES ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
11 AUG 10 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

**STATE OF FLORIDA**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**LIMITED LIABILITY COMPANY**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the State of Florida, particularly Chapter 608, Title XXXVI of the Florida Statutes and the acts amendatory thereof and supplemental thereto, and known, identified and referred to as the "Florida Limited Liability Company Act", hereby certifies that:

**ARTICLE I — Name**

The name of the limited liability company (hereinafter referred to as the "Company") is:

SHAWN JAMES ENTERPRISES, LLC

**ARTICLE II — Address**

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

7235 West Hillsborough Avenue  
Tampa, Florida 33634

**ARTICLE III — Registered Agent**

The initial registered agent of the Company is John J. Agliano, Esq. The initial address of the office of the registered agent of the Company is c/o Williams Schifino Mangione & Steady, P.A. at One Tampa City Center, Suite 3200, Tampa, Florida 33602. By his signature at the end of these Articles, such person acknowledges acceptance of his responsibilities as registered agent of the Company.

FILED  
13 AUG 10 AM 10:47  
SECRETARY OF STATE  
TAMPA, FLORIDA

**ARTICLE IV — Term of the Company**

The term of the Company shall commence upon the acceptance of the filing of these Articles by the Florida Secretary of State, and shall continue in perpetuity, unless sooner dissolved as provided in the Company's operating agreement or by operation of law.

**ARTICLE V — Management**

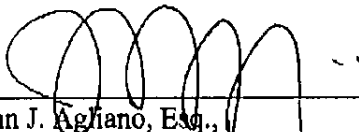
The Company is to be managed by a manager, and is therefore a manager-managed limited liability company. The name and business address of the initial manger is as follows:

<u>Name</u>	<u>Address</u>
Shawn J. Sanford	7235 West Hillsborough Avenue Tampa, Florida 33634

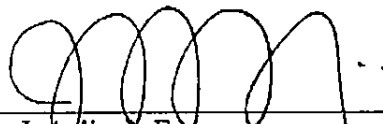
The manager of the Company shall at all times comply and shall cause the Company to comply with each of the covenants, terms and provisions contained in these Articles and the Company's operating agreement, and/or other document(s) governing the formation, management or operation of the Company.

*Signature Page Follows.*

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10<sup>th</sup> day of August, 2011.

  
\_\_\_\_\_  
John J. Agliano, Esq.,  
As Authorized Representative

In accordance with Section 608.408(3) of the Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that, to the best of my knowledge, the facts stated herein are true.

  
\_\_\_\_\_  
John J. Agliano, Esq.,  
As Authorized Agent

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for **SHAWN JAMES ENTERPRISES, LLC** at the place designated in this statement below. 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 under Chapter 608 of the Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent effective as of the 10<sup>th</sup> day of August, 2011.



John J. Agliano, Esq., As Registered Agent  
Williams Schifino Mangione & Steady, P.A.  
One Tampa City Center, Suite 3200  
Tampa, Florida 33602

In accordance with section 608.408(3) of the Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true to the best of my knowledge and belief.



John J. Agliano, Esq., As Registered Agent