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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

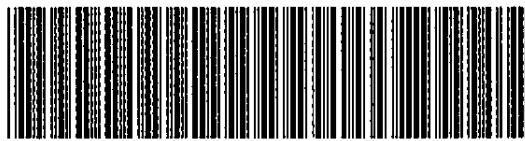
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

AUG 17 2011

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Office Use Only

GERALD H. STEAD, PA
Attorney At Law

Georgetown Office Park
1311 W. Fletcher Avenue
Tampa, Florida 33612

Telephone: (813) 968-5538
Fax: (813) 969-3510
Email ghstead@tampabay.rr.com

August 8, 2011

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

Re: SHIRLEY PARSONS, LLC

Dear Sir or Madame:

Enclosed are the original and a copy of the Articles of Organization for Florida Limited Liability Company for the above LLC. My check in the amount of \$155.00 is also enclosed for the filing fee and a certified copy.

Please certify and return a copy of same at your earliest convenience.

Yours very truly,



GERALD H. STEAD

GHS:ajb
Enclosure

201 AUG 15 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SHIRLEY PARSONS, 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:

Gerald H. Stead, Esq.

Name of Person

Gerald H. Stead, PA

Firm/Company

1311 W. Fletcher Avenue

Address

Tampa, FL 33612

City/State and Zip Code

ghstead@tampabay.rr.com

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

For further information concerning this matter, please call:

Gerald H. Stead

at **(813) 968-5538**

Name of Person

Area Code & Daytime Telephone Number

2011 AUG 15 PM 09 07
RECEIVED
REGISTRY OF
TALLAHASSEE, FLORIDA

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHIRLEY PARSONS, 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 principal office of the Limited Liability Company is:

Principal Office Address:

8702 N. Rome Avenue
Tampa, FL 33604

Mailing Address:

8702 N. Rome Avenue
Tampa, FL 33604

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:

Shirley Parsons

Name

8702 N. Rome Avenue

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33604

City, State, and Zip

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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

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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..

Shirley Parsons

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Shirley Parsons

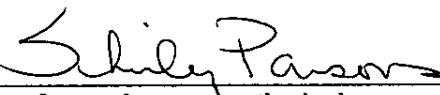
8702 N. Rome Avenue

Tampa, FL 33604

(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.)

Shirley Parsons

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)