

L110000699083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

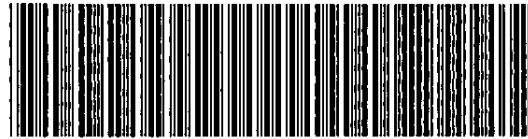
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/10/11--01014--003 **125.00

Effective Date

8/5/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 10 AM 8:35

T. HAMPTON

AUG 8 2011

EXAMINER

L2064-HCM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHDB, 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:

DOUGLAS D. STITGEN
Name of Person

SHDB LLC
Firm/Company

99353 Overseas Highway Ste 9
Address

Key Largo, Florida 33037
City/State and Zip Code

dstitgen@safeharbordesignbuild.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS D STITGEN at (305) 453-9858
Name of Person Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 AUG 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 11, 2011

DOUGLAS D STITGEN
99353 OVERSEAS HWY
STE 9
KEY LARGO, FL 33037

SUBJECT: SHDB, LLC
Ref. Number: W11000042027

We have received your document for SHDB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of your articles was not enclosed with your filing.

The attached form must be completed in order to file the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00018863

Effective Date

8/5/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHDB 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:

99353 OVERSEAS HIGHWAY STE 9
KEY LARGO FL
33037

Mailing Address:

99353 OVERSEAS HIGHWAY STE 9
KEY LARGO FL
33037

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:

SANDY ESTERLE

Name

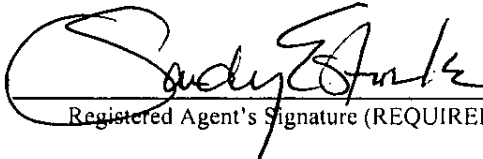
99353 OVERSEAS Hwy STE 9

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

KEY LARGO FL 33037

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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11 AUG 10 AM 8:35
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DIVISION OF CORPORATIONS

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

DOUGLAS D STITZEN
99353 OVERSEAS HIGHWAY STE 9
KEY LARUE FL 33037

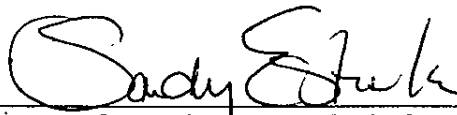
MGRM

SANDY ESTERLE
99353 OVERSEAS HWY STE 9
KEY LARUE FL 33037

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUG 5 2011. (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.)

SANDY ESTERLE
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)

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AUG 10 AM 8:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS