

L11000108996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

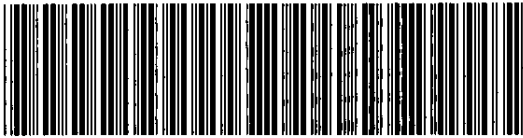
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/22/11--01006--018 *25.00

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2011 SEP 22 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHS Class of 1992, 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:

Laura Marko

Name of Person

Firm/Company

317 Locust Pass

Address

Ocala, FL 34472

City/State and Zip Code

laura@markoinsurance.com

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

For further information concerning this matter, please call:

Laura Marko

Name of Person

at (352) 239-3404

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHS Class of 1992, 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:

Mailing Address:

317 Locust Pass
Ocala, FL 34472

317 Locust Pass
Ocala, FL 34472

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:

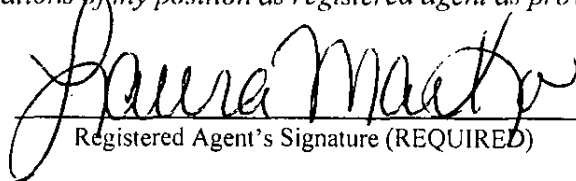
Laura Marko
Name

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

Ocala FL 34472
City, State, and Zip

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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..


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:

MGRM

Tina Tawan Brown

312 Maybeck CT

Sanford, FL 32771

MGRM

Lynn Ann Dunn

102 Quail Ridge Ct

Sanford, FL 32771

MGRM

Tara L. Hall

3255 Arbor Hill Way

Tallahassee, FL 32309

MGRM

Latisha Evonne Howard

149 Wheatfield Circle

Sanford, FL 32771

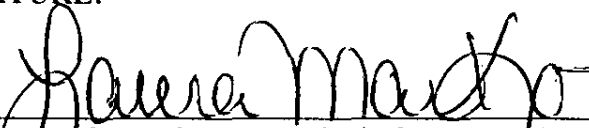
(Use attachment if necessary)

*Attached **

ARTICLE V: Effective date, if other than the date of filing: 09/20/2011 (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.)

Laura M. Marko

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)

4th-6th members of Article IV

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TALLAHASSEE, FLORIDA

MGRM

Laura Maureen Marko
317 Locust Pass
Ocala, Fl 34472

MGRM

Anthony Russell Montgomery
933 Crittenden Ave.
Orange City, 32763

MGRM

Vashaun Omar Williams, Sr.
2730 Beech Grove Lane,
Wesley Chapel, FL 33544