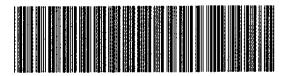
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•		
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	•
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

C. LEWIS

SEP 2 7 2011

EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co		•	
SURJ	<sub>ECT</sub> . 495 S	SHELL RD 6A L	_LC	
	EC1.		ted Liability Company	
The en	iclosed Articles o	f Organization and fee(s) are	submitted for filing	
		•	-	
Please	return an corresp	oondence concerning this mat	tter to the following:	
	<b>RICHAR</b>	D C DAVIS		
			Name of Person	
			Firm/Company	
	1752 HO	WELL BRANCH	RD	
			Address	
,	WINTER P	ARK FL 32789		
		Cit	ty/State and Zip Code	<del></del>
	rdavishbm@		for future annual report notification)	
For fur	ther information	concerning this matter, please		
1 01 141	thei information	concerning this matter, preaso	e can.	
RICH	HARD C DA	VIS	at ( 407 ) 645-1150	
	Name	of Person	Arca Code & Daytime Telephone Number	
Enclos	sed is a check fo	or the following amount:		
	<del>,</del>	\$130.00 Filing Fee & Certificate of Status	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:	
495 S SHELL RD 6A LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
NINTER PARK FL	SAME
32789	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	gisiered agent are:
RICHARD C DAVIS	SEP 26 AHASSE
Name	ARY SSE
1752 HOWELL BI	RANCH RD - 목을 🕱 🧍

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.

City, State, and Zip

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

<sub>FL</sub> 32789

Registered Agent's Signature (REQUIRED)

WINTER PARK

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 2011 SEP 26 P. 12: 41

MGRM	RICHARD C DAVIS	
	1752 HOWELL BRANCH RD	
	WINTER PARK FL 32789	<del></del>
(Use attachment if necessary)		
(Ose attacimient ii necessary)		
I E V. Effective data if other than	the date of filing:	(OPTIONAL)

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 C DAVIS

Typed or printed name of signee

Filing Fees:

**REQUIRED SIGNATURE:** 

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)