

L11000126940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

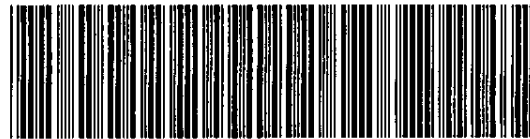
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 7 AM 9:50

ENGEL & REIMAN^{pc}
ATTORNEYS AT LAW

THE EQUITABLE BUILDING
730 - 17TH STREET, SUITE 500
DENVER, COLORADO 80202-3580
TELEPHONE (303) 741-1111
FACSIMILE (303) 265-9473

WEB SITE: www.engelreiman.com

Our File No. 5968-01

November 4, 2011

VIA FEDERAL EXPRESS

PERSONAL & CONFIDENTIAL

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: We Sha, LLC (the "Company")

Dear Sir or Madam:

Enclosed for the Florida Department of State's records are the following fully executed items to create We Sha, LLC, a Florida limited liability company:

1. Cover Letter;
2. Articles of Organization for a Florida Limited Liability Company; and
3. A check payable to the "Florida Department of State" in the amount of \$125.00 to cover the applicable filing fees.

Please contact me at the above telephone number or via e-mail at e.kaplan@engelreiman.com should you have any questions or need any additional information. Thank you in advance for your assistance.

Sincerely,

ENGEL & REIMAN^{pc}

By: 

Eric R. Kaplan

ERK:

Enclosures

cc: Dr. Joseph A. Tirado (via e-mail) (without enclosures)
Barry S. Engel, Esq. (Firm)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: We Sha, LLC

Name of Limited Liability Company

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric R. Kaplan

Name of Person

Engel & Reiman pc

Firm/Company

730 17th Street, Suite 500

Address

Denver, Colorado 80202

City/State and Zip Code

e.kaplan@engelreiman.com

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

For further information concerning this matter, please call:

Eric Kaplan

Name of Person

at (303) 741-1111

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:

We Sha, 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:

530 Weeping Willow Lane
St. Augustine, Florida 32080

Mailing Address:

P.O. Box 840144
St. Augustine, Florida 32080

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:

Joseph A. Tirado

Name

530 Weeping Willow Lane

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

St. Augustine FL 32080

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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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

Joseph A. Tirado

530 Weeping Willow Lane

St. Augustine; Florida 32080

(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.)

Joseph A. Tirado

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)