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KBALY EXAMINER DAN 11 2012

# **COVER LETTER**

то:	Registration S Division of Co				
SUBJE	<sub>ct:</sub> Sheal	y Domain Develo	opment, I	_LC	
	<del></del>	Name of Limi	ted Liability Co	mpany	
The enc	losed Articles of	Organization and fee(s) are	submitted for f	ĭling.	
Please re	eturn all corresp	ondence concerning this man	tter to the follow	ving:	
<u> </u>	Matthew	Shealy			
			Name of Person	1	
_	Shealy Do	omain Developm			
			Firm/Company		
_	201 South	Bumby Avenue			
			Address		
C	orlando, Fl	orida 32803			
			ty/State and Zip (	Code	
<u>1</u>	natt.shealy(	@gmail.com E-mail address: (to be used	for future annual	report notification	
For furth	ner information o	oncerning this matter, pleas		report nonneattor	,
Matth	ew Shealy		at ( 407	, 439-972	5 elephone Number
	Name o	f Person	Area (	Code & Daytime T	elephone Number
Enclose	d is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified (additional		\$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	Regis Divis Clifto 2661	t/Courier Addrestration Section ion of Corporation Building Executive Centernassee, FL 3230	ons r Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC	LE	1	-	N	a	m	e	
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The name of the Limited Liability Company is:

# Shealy Domain Development, 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:
201 South Bumby Avenue, Orlando, FL 32803	201 South Bumby Avenue, Orlando, FL 32803
	***************************************

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:

Matthew Shealy

Name

201 South Bumby Avenue,

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

Orlando

FL 32803 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)

Page 1 of 2

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

TY:41 - -

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Mem	ber
MGR	Matthew Shealy
MGK	201 South Bumby Ave
	Orlando, FL 32803
	Offailud, FL 32003
****	
(Use attachment if necessary	y)
CIFV: Effective date if other	r than the date of filing: (OPTIONAL
effective date is listed, the dat	te must be specific and cannot be more than five business days
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.)

## Matthew Shealy

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)