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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	XX WAIT	MAIL
(В	usiness Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

Division of Corporations
SUBJECT: O'Shields Framing LLC Name of Limited Liebility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Herman E. O'Shields Name of Person
O'Shields FRAMING LLC Firm/Company
138 Woodland Dr. CRAWFORDVILLE, FL., 32327
CRAWFORDVILLE FLORIDA 32327 City/State and Zip Code herman Oshields @ 47hov. com E-mail address: (to be used for future annual report notification)
herman Oshields @ 47hov. com
For further information concerning this matter, please call:
Name of Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
138 Woodland Dr. 138 Woodland DR. CRAWFORDVILLE FLORIDA 32327 FLORIDA, 32327
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:
Herman O'Shields
Name 138 Woodland DC: SST TO THE STATE OF
Name 138 Woodland Dr. Florida street address (P.O. Box NOT acceptable)
Tional street address (1.0. Dox MOT
CRAWFORDVILLE FL 32327 5 5 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 al 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MERM	Herman O'Shields 138 WOODland DR. CRAWFORDVILLE, FL. 32327
(Use attachment if necessa	ry) ier than the date of filing: <u>Feß・13 , 2012</u> . (OPTIONA
	ate must be specific and cannot be more than five business day
effective date is listed, the d	ate must be specific and cannot be more than five business day g.)
effective date is listed, the decomposition of the date of filing the date of filing the decomposition of the deco	ate must be specific and cannot be more than five business day g.)
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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)