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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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J. BRYAN

MAR 2 7 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section - Division of Corporations	
•	
SUBJECT: Shamrock Property Solutions,	LLC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
, ,	Name of Person  Firm/Company
Christopher and Kimberly Zito	
· · · · · · · · · · · · · · · · · · ·	Name of Person
Shamrock Property Solutions, LLC	, Ser 2 C
Sharmock i Toperty Solutions, EEC	Firm/Company T.O. F.
	黑型 2
7008 S. Shamrock Rd.	<u> </u>
	Address
Tampa, FL 33616	ty/State and Zip Code
	ty/state and Zip Code
ckzito@gmail.com  E-mail address: (to be used	for future annual report notification)
	•
For further information concerning this matter, pleas	e call:
Kimberly Zito	at (813 ) 831-6917
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is cholosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## COMPA TILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAI **ARTICLE I - Name:** The name of the Limited Liability Company is: Shamrock Property Solutions, 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:** 7008 S. Shamrock Rd. 7008 S. Shamrock Rd. Tampa, FL 33616 Tampa, FL 33616 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: Christopher Zito Name 7008 S. Shamrock Rd. Florida street address (P.O. Box NOT acceptable) Tampa, FL 33616 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)

Page 1 of 2

(CONTINUED)

<u> </u>	Name and Address:	1012 MAR 26 TALLAHASSEE
'MGR" = Manager		强多
'MGRM" = Managing Member		55 B
/IGR	Christopher Zito	35 CA 0
* *************************************	7008 S. Shamrock Rd.	77.0
	Tampa, FL 33616	92
		Q.M
MGR	Kimberly Zito	, , , , , , , , , , , , , , , , , , ,
	7008 S. Shamrock Rd.	
	Tampa, FL 33616	· · · · · · · · · · · · · · · · · · ·
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LE V: Effective date, if other than the ective date is listed, the date must be lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	see or an authorized representative of a second submitted in a document to the Dry as provided for in s.817.155, F.S.)	an five business  a member.  of this document tated herein are true.

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