L12WUU51269

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

B. KOHR

APR 1 6 2012

EXAMINER



600228677526

04/13/12--01021--019 **160.00



. 1	· 2.c.
	COVER LETTER
TO:	Registration Section Division of Corporations
SUBJ	ECT: Good She pard Froncines LLC Name of Limited Liability Company
The en	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Roger Rentroe
	Name of Person
	Good Shepard Properties LLC
	Firm/Company
	PO Box 1141
	Address
	Taverner /2 33070
	City/State and Zip Code
,	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at (305) 394-1659 Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
3125.00	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\bigcup \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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Cood Shepard roperties LC (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: Principal Office Address: Mailing Address:
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: Cannattaro Name Ilb Hawtic Registered Agent Registered Registered Agent Registered Re
(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: Cannattano Name Manual
(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: Cannattano Name Manual
Name 116 Atlantic In Florida street address (P.O. Box NOT acceptable) Key Largy FL 33037
Florida street address (P.O. Box NOT acceptable)
Ken LARGO FL 33037
City State and Zin
Oldy, State, and Elip
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
Last Conno
Registered Agent's Signature (BEQUIRED)

(CONTINUED)

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber / /
MCL	Koger Kentroe
	Tavernier, H 3.3070
MGRM	1 00
196KM	Hony Kentrol
	Taverner, PL 33070
(Has attachment if massages	
(Use attachment if necessar	ry)
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL
CLE V: Effective date, if other of the control of t	er than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date of filing	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.)
CLE V: Effective date, if other of the control of t	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.)
CLE V: Effective date, if other effective date is listed, the date of filing	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.)
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.) E:
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.)
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.) E: of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days g.) E: section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days g.) E: of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days g.) E: section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

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