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(Re	questor's Name)	
(Ad	dress)	·
(A)	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

JUN SAULSBERRY
JUN 4 2012



TO:

Registration Section

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	Shoresi	de Processing,	LLC	
5000C1.	Name of Li	mited Liability Company		
The enclosed Articles of	of Organization and fee(s) a	are submitted for filing.		
Please return all corresp	pondence concerning this n	natter to the following:		
	Sa	andra K Meyer		
<del></del>		Name of Person		
	Shores	ide Processing,	LLC	
		Firm/Company		
	3806	Shoreside Circ	ele	•
		Address		
	Ta	mpa, FL 33624		2012 JUN - Secretae Allass
<del></del>	City/State and Zip Code		HAET UN	
sandrameyer98@gmail.com		AR SS		
<del></del>		ed for future annual report no		
For further information	concerning this matter, ple	ease call:		AM II: 06 IF STATE , FLORID,
Sand	ra K Mever	Q13	068 6068	90. 90.

Enclosed is a check for the following amount:

Name of Person

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

CR# 5705

\$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

Area Code & Daytime Telephone Number

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	
Shoreside Prod		
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3806 Shoreside Circle Tampa, FL 33624	3806 Shoreside Circle Tampa, FL 33624	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the Corporation Sel	registered agent are:	-
Name Name	e Fyl	; F
1201 Hay	່ວຊາວ /s Street ຊີວິດ ໄດ້ ວິດ	``
Florida street ac	ddress (P.O. Box NOT acceptable)	
Tallahassee	<sub>FL</sub> 32301	
City, S	State, and Zip	
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my-position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and sistered agent as provided for in Chapter 608, F.S Tones, Assistant VP	

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Sandra K Meyer	
	3806 Shoreside Circle	
	Tampa, FL 33624	
······		
	IALI SI	
	LAHA AHAHA	1
(I Ica attachment if magaggam)	SSEE,	
(Use attachment if necessary)	E.S. A.	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)		,
<u>REQUIRED</u> SIGNATURE:		
Signature of a member or	Meyer an authorized representative of a member.	
(In accordance with section 608 408	(3) Florida Statutes, the execution of this document	

(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.)

Sandra K Meyer

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)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Sandra K Meyer 3806 Shoreside Circle Tampa, FL 33624 (Use attachment if necessary) \_\_\_\_\_, (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Sandra K Meyer 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)