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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Effective Date 7/12/12

12 JUL 16 AMII: 22

SECRETARY OF STATE DIVISION OF CORPORATIONS

JUL 17 2012 T. HAMPTON

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUBJI	ECT: James Shortnacy L	_C
5000		Limited Liability Company
The en	closed Articles of Organization and fee(s	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	James Shortnacy	
		Name of Person
		Firm/Company
	3277 Harvey Carter Roa	nd
		Address
	Bonifay FL 32425	
		City/State and Zip Code
	E-mail address: (to be	ised for future annual report notification)
For fur	ther information concerning this matter, p	lease call:
Jame	es Shortnacy	at (772 ) 37 <b>9</b> 5806
	Name of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amoun	t:
\$125.00	Filing Fee \$\sqrt{\sq}}}}}}}}} \end{\sqrt{\sq}}}}}}}} \end{\sqrt{\sq}}}}}}}}} \end{\sqnt{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqnt{\sq}}}}}}} \sqnt{\sqnt{\sqrt{\sqrt{	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

## Effective Date 7/12/12

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
James Shortnacy, LLC	
(Must end with the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3277 Harvey Carter Road Bonifay, FL 32425	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
James Shortnacy Name	
3277 Harvey Cart	er Road
	ess (P.O. Box NOT acceptable)
Bonifay	<sub>FL</sub> 32425
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
1 Apriles Show	paly _ =
Registered Agent's Signatu	re (KEQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF SIALL BIVISION OF CORPORATIONS

### 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	
Wallaging Weller	
MGR	James Shortnacy
<del></del>	3277 Harvey Carter Road
	Bonifay, FL 32425
(Use attachment if necessary)  I.E.V: Effective date if other the	on the date of filing: July 12, 2012 (OPTION
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: July 12, 2012 (OPTION nust be specific and cannot be more than five business dates
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business da
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LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	nust be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	news Shownary  member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	news Shownary  member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
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LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. It is information submitted in a document to the Department of State in formation submitted in a submitted in a document to the Department of State in formation.

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