

L12000138795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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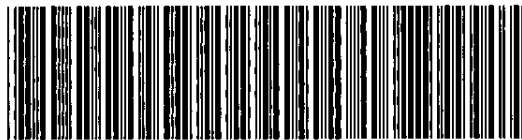
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/12--01024--005 **125.00

EFFECTIVE DATE
1-1-2013

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 OCT 31 AM 11:14

C. LEWIS
NOV -1 2012
EXAMINER

Holland & Knight

10 St. James Avenue | Boston, MA 02116 | T 617.523.2700 | F 617.523.6850
Holland & Knight LLP | www.hklaw.com

Ellen S. Tarkinson
617 305 2140
ellen.tarkinson@hklaw.com

October 30, 2012

OVERNIGHT MAIL

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

Re: SHEL10 Consulting LLC

Dear Sir or Madam:

Please process the enclosed Articles of Organization for SHEL10 Consulting LLC. I have enclosed a check for the associated filing fee.

Thank you for your attention to this matter.

Sincerely yours,

HOLLAND & KNIGHT LLP



Ellen S. Tarkinson
Corporate Paralegal

cc: Allan J. Landau, Esq.

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHEL10 Consulting LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellen S. Tarkinson

Name of Person

Holland & Knight LLP

Firm/Company

10 St. James Ave.

Address

Boston, MA 02116

City/State and Zip Code

ellen.tarkinson@hklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen S. Tarkinson

Name of Person

at (

617

) 305-214

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHEL10 Consulting 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:

10856 Northgreen Dr.

Wellington, FL 33449

Mailing Address:

Same as princial office 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:

Sheldon Nierman

Name

10856 Northgreen Dr.

Florida street address (P.O. Box **NOT** acceptable)

Wellington

FL 33449

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.

Sheldon Nierman

By: Sheldon Nierman

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sheldon Nierman
10856 Northgreen Dr.
Wellington, FL 33449

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2013 (OPTIONAL)

(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.)

Sheldon Nierman

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)