2/2000/6/552

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 28 2012
FXAMINED

Office Use Only



500241782585

11/20/12--01020--032 **155.00

EFLERIO*



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2012

DOMINIC PEPPER 571 CENTRAL AVE. NEW PROVIDENCE, NJ 07974

SUBJECT: SHIMICA, L.L.C. Ref. Number: W12000059009



We have received your document for SHIMICA, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 712A00028126



Incorporated as the Law Offices of John O. McManus, P.C.

New York City • New Providence

December 13, 2012

VIA UPS

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

Re: SHIMCA, L.L.C.

Dear Agnes:

Thank you very much for taking my call today. I have enclosed an updated application reflecting the changes you asked for in my previous application for and LLC. I have added the registered agent clearly.

Your office has already received and deposited a check for \$155.00 for the filing and registered copy, and I was told that the case would remain open for the next 60 days, so I am hoping to get this to you in the timeframe. I hope that you have all that is needed to file; please reach out to me if there is anything I can do to help.

I greatly appreciate your help in this matter and understand how busy this time of year is for your office.

Please use the enclosed express UPS envelope to send back the certified copy and any accompanying paperwork.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (908) 898-0100.

Very truly yours,

Dominic Pepper

Enclosures

COVER LETTER

	on Section f Corporations				
SUBJECT: SH	IIMICA, L.L.C.				BAC CONTRACTOR
		ted Liability Com	pany		2812 DEC 27
The enclosed Artic	es of Organization and fee(s) are	submitted for filin	ng.		SEC E
Please return all co	rrespondence concerning this mat	ter to the followin	ıg:		Total S
Domi	nic M Pepper				
<u> </u>		Name of Person			
McMa	anus and Assoc	ciates			
•		Firm/Company			
571 (Central Ave Suit	te 120			
		Address			
New	Providence, NJ	07974			
		ty/State and Zip Co	de		
domin	ic@mcmanusleg	al.com			
	E-mail address: (to be used		port notification	on)	
For further informa	tion concerning this matter, please	e call:			
Dominic		908	、898	0100	
N	ame of Person	Area Co		Telephone Numbe	r
Enclosed is a che	ck for the following amount:				
□\$ 125.00 Filing F	-	□\$155.00 Filing Fee & □ \$160.00 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	Registra Divisio Clifton 2661 E	Courier Add ation Section n of Corpora Building xecutive Cen	tions ter Circle	

ARTICLES OF ORGANIZATION OF

SHIMICA, L.L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is SHIMICA, L.L.C.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are both: Post Office Box 924, 378 Tennessee Avenue, Crystal Beach, Florida 34681.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Carol A. Schneider 378 Tennessee Avenue Crystal Beach, Florida 34681

Having been named as registered and 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.

Carol A. Schneider, registered agent

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

Carol A. Schneider Post Office Box 924 378 Tennessee Avenue Crystal Beach, Florida 34681 **REQUIRED SIGNATURE:**

Carol A. Schneider, Manager

(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.)