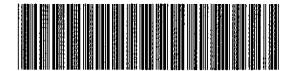
1300000172

(Rec	uestor's Name)			
•	,			
(Add	dress)			
(Address)				
(City	//State/Zip/Phone #	<i>f</i>)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Name)		
(- 2.2	······································	,		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
FIAN 1 1 2010				
JAN 1 1 2013				
L. SELLERS				
LMLDUA				

Office Use Only



600242271536

11/30/12--01005--004 **125.00

ALLAHANSTE FLORES



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2012

EDWARD GEORGE 6692 BERRYHILL RD MILTON, FL 32570

SUBJECT: THE SHOPPE ON BERRYHILL

Ref. Number: W12000060119

We have received your document for THE SHOPPE ON BERRYHILL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements are not filed or recorded by this office. To establish a Limited Liability Company, you must complete the enclosed Articlesof Organization.,

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) 245-6051.

Letter Number: 412A00028661

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

(850) 24:	5-605 I
TO:	Regis Divis

130) 243-0031.	COVE	R LETTER	
TO: Registration Division of C			
SUBJECT:	Jhe Sho- Name of Limit	led Liability Company	syhelf LLC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	•
Please return all corres	pondence concerning this mat	ter to the following:	
Edwa	in Deorge		
	he Shoppe	Name of Person Law Bury Firm/Company	hill
	693 Ben	Thill PD Address	
	miltar F	3 > 5 70 ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
(Arrie Name	n ortan	at (\$50) 515 - Area Code & Daytime Telep	2062 hone Number
Enclosed is a check f	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 Ci	TALL AND THE STREET

Tallahassee, FL 32301

ath Leslie Sellers

Rept 10 12 00006019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The Shape on Baryhelf LLC (Must and 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: Mailing Address:
692 Berryhill Rd Same
nilla, F1 39570
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:
aria norton
7493 Pine Lake Circle Florida street address (P.O. Box NOT acceptable)
milton FL 32570 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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.
Registered Agend's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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.)

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)