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UAN 1 8 2013 D. BRUCE (850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SHALENE LLC  Name of Limited Liability Company	
Table of Emales English Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BARRY I Lockey Name of Person	
571ALENE 11C	
137. S COURTENAY BKY 2245	
MERRITT ISLAND FL 32952	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BARRY J Lockey at (970) 531-3498  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) (additional copy is enclosed)	
Registration Section Registration Section	araprir di d

ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED LIABILITY  ARTICLE I - Name:	COMPA	AN Y
The name of the Limited Liability Company is:		
SHALFAF		
(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 Liabilit	y Compai	ny is:
Principal Office Address:  Mailing Address:		
BARRY I LOCKEY BARRY I LOCKE 137, 5 COURTERAY PKY 7245 137 S. COURTERAY MERRITT ISLAND FL 32952 MERRITT ISLAND	ZYPKY ZFI	# 2245 32952
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	•	
BARRY T Low 1600		
DARRY J Loc/65-1		
137 5 COUNTENINY (KY ZZ45		
Florida streevaddress (F.O. Box NOT acceptable)		
BEKKITT ISLANDFL 32952		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the aboliability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the	pointmen	t as
all statutes relating to the proper and complete performance of my duties, and I an		
and accept the obligations of my position as registered agent as provided for in Ch	apter 608,	F.S
Spery Jochy		
Registered Agent's Signature (REQUIRED)	$-\Box\Omega$ .	<b>3</b>
(CONTINUED)	::à:::: −	
Page 1 of 2	OF STATE FLORIDA	5 (present

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		<del></del>
·		
MGRM	BARRY J Locks	PKy #2245
MEMBEN	DIXIE LOCKEY	32952 011 #=
	MigRRITT IShara	7 1/5y 2243
		<del></del>
(Use attachment if necessary)		<del></del>
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date mus prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	:	
<u>*</u>	anny & Joehn	
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein a mation submitted in a document to the Department of as provided for in s.817.155, F.S.)	are true. f State
`т	yped or printed name of signee	CAE A
Filing Fees:	•	- 10
\$125.00 Filing Fee for Articles of Org of Registered Agent	anization and Designation	PH ST
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	al)	26 REP 26