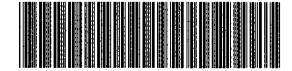
L13000032526

/Regi	uestor's Name)	
(1041	300to, 0 11a.110y	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name))
(Doci	ıment Number)	
(2000		
Certified Copies	Certificates of	Status
	,	
Special Instructions to Fi	ling Officer:	
·		

Office Use Only



000245152720

03/01/13--01020--024 **125.00

SECRETARY OF STATE

C. LEWIS

MAR - 4 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: SHARON ROAD, L.L.C.

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:

The Law Office of William Collins, P.A. Firm/Company 503 E. Jackson Street, #332 Address Tampa, Florida 33602

C

City/State and Zip Code

bill@williamcollinslaw.com

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

For further information concerning this matter, please call:

Edward W. Collins

at (813) 386-9407

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □\$130.00 Filing

□\$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 Com	ipany is:
Sharon Road, L.L.C.	
	mited 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:
1007 E. Jackson Street, Suite 105	503 E. Jackson Street, #332
Tampa, Florida 33602	Tampa, Florida 33602
	ಪ ಕ
william Collins	Name - S
_	a street address (P.O. Box NOT acceptable)
Tampa	FL 33602
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	2813 MAR - I	AM
MGRM		Edward W. Collins		
		627 De Soto Drive		
		Tierra Verde, Florida 33715		
	,			
(Use attachmer	· ·	he date of filing:	OPTION	AL)
CLE V: Effective effective date is	e date, if other than t	he date of filing: ust be specific and cannot be m	(OPTION ore than five busine	AL) ess d
CLE V: Effective effective date is	ve date, if other than the listed, the date muser the date of filing.)	ust be specific and cannot be m	(OPTION ore than five busine	AL) ess d
CLE V: Effective effective date is to or 90 days after	ve date, if other than the listed, the date must be the date of filing.)	ust be specific and cannot be m	(OPTION ore than five busine	AL) ess d
CLE V: Effective effective date is to or 90 days after	ve date, if other than the listed, the date must be the date of filing.) SIGNATURE:	ust be specific and cannot be m	ore than five busing	AL) ess d
CLE V: Effective effective date is to or 90 days after REQUIRED S	s listed, the date must the date of filing.) SIGNATURE: Signature of a memory accordance with section 6 stitutes an affirmation und aware that any false infortitutes a third degree felorititutes a third degree felorities.	ust be specific and cannot be m	f a member. on of this document stated herein are true. Department of State	AL)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)