Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000157955 3)))



H130001579553ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (800)293-4075

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	coatiq@aol.com	
		1	

FLORIDA LIMITED LIABILITY CO.

Shannon Investments LLC

RECEIVED

13 JUL 15 PH 4: 12

SECRETARY OF STATE
ALLAHASSEE. FLORID

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

K.SALY EXAMINER

JUL 16 2013

H13000157955

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: Shannon Investments 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: 4050 NE 45th Avenue 4050 NE 45th Avenue Gainesville, FL 32609 Gainesville, FL 32609 ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Khamra Lall	_
Name	
4050 NE 45th Avenue	_
(P.O. Box or Mail Drop Box NOT Acceptable)	
Gainesville, FL 32609	
(City / State / Zim)	_

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 - Khamraj Lali

ARTICLE IV - Manager(s) of the name and address of each Ma	or Managing Member(s): H13000157955 hager or Managing Member is as follows:
<u>litle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Khamraj Lall - 4050 NE 45th Avenue, Gainesville, FL 32609
Use attachment if necessary)	
REQUIRED SIGNATURE: Signature	of a member or authorized representative of a member.
	nce with section 608,408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts in are true.)
	Khamraj Laji
	Typed or printed name of signee