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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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D. BRUCE

## **COVER LETTER**

TO:	Registration S Division of Co			
		iew Investments, LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	_
The er	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this matt	ter to the following:	
	Troy Eggles	ton		
			Name of Person	
			Firm/Company	·
	5518 Eggles	ston Avenue		
			Address	
	Orlando, Flo	orida 32810		
	•	Cit	ly/State and Zip Code	73. 2
	mmbphoto@		y out and hip code	JUL 26 I
		E-mail address: (to be used	for future annual report notification)	26 *SS
For fu	ther information	concerning this matter, please	e call:	
Troy	Eggleston		407 7333302	1 2: 54 STATE LORIDA
	Name	of Person	at () Area Code & Daytime Telephone Number	
Enclo	sed is a check f	or the following amount:		
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	Status &
		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:

Shoreview Ir	nvestments, LLC		
	(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LI.C.")	
ARTICLE II	- Address:		
		of the principal office of the Limited Li	ability Company is:
Duin ain al Off	ing Adduses.	Malling Address	
Principal Off	ice Address:	Mailing Address:	
5518 Eggles		5518 Eggleston Avenue	
Orlando, FL	32810	Orlando, FL 32810	
	i = iveristeten aveni. Ivi		a Ciamatiima.
business entity wi	lity Company cannot serve as its th an active Florida registration.)	es of the registered agent are:	idual or another
business entity wi	lity Company cannot serve as its th an active Florida registration.) the Florida street addres  Troy Eggleston	own Registered Agent. You must designate an indivi-	idual or another
business entity wi	lity Company cannot serve as its th an active Florida registration.) the Florida street addres	own Registered Agent. You must designate an indivi-	idual or another  MILIAHASSEE
business entity wi	lity Company cannot serve as its than active Florida registration.) the Florida street addres Troy Eggleston  5518 Eggleston	own Registered Agent. You must designate an indivi- ss of the registered agent are:  Name  Avenue a street address (P.O. Box NOT acceptable)	idual or another
business entity wi	lity Company cannot serve as its than active Florida registration.)  the Florida street addres  Troy Eggleston  5518 Eggleston Florida	own Registered Agent. You must designate an indivi- ss of the registered agent are:  Name  Avenue a street address (P.O. Box NOT acceptable) 32810	idual or another  Marian Jul 26 PM

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

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Managing Member  MGR  Troy Eggleston  5518 Eggleston Avenue  Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business to or 90 days after the date of filing.)	"MGRM" = Managing Member  MGR  Troy Eggleston 5518 Eggleston Avenue Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member  MGR  Troy Eggleston 5518 Eggleston Avenue Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	<del></del>	Name and Address:
MGR  Troy Eggleston 5518 Eggleston Avenue Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business	MGR  Troy Eggleston  5518 Eggleston Avenue  Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR  Troy Eggleston 5518 Eggleston Avenue Orlando, FL 32810  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be cannot be cannot be cannot be cannot be cannot be can	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business of or 90 days after the date of filing.)		5518 Eggleston Avenue
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business	CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business	CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business to or 90 days after the date of filing.)		Orlando, FL 32810
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	to or 70 days after the date of fining.)	·	•	ne date of filing: (OPTIONAL)
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	Signature of a member or an authorized representative of a member.	Signature of a member or an authorized representative of a member.	CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business
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	(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	(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	CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may are that any false information under the constitutes an affirmation under the constitutes and affirmation under the constitutes are affirmation under the constitutes and affirmation under the constitutes are affirmation under the constitutes and affirmation under the constitutes are affirmation under the c	ber or an authorized representative of a member.  28 28 28 28 28 28 28 28 28 28 28 28 28
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.	(In accordance with section 608.408(3), Florida Statutes, the execution of this document of constitutes an affirmation under the penalties of perjury that the facts stated herein affitue. It am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.)	(In accordance with section 608.408(3), Florida Statutes, the execution of this document of constitutes an affirmation under the penalties of perjury that the facts stated herein affitue. It am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.)	CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may are that any false infor constitutes a third degree feloritation.	ber or an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this doculinent er the penalties of perjury that the facts stated herein are true.  29. The penalties of perjury that the facts stated herein are true.  29. The penalties of perjury that the facts stated herein are true.  29. The penalties of perjury that the facts stated herein are true.  20. The penalties of perjury that the facts stated herein are true.  20. The penalties of perjury that the facts stated herein are true.  20. The penalties of perjury that the facts stated herein are true.  20. The penalties of perjury that the facts stated herein are true.

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)