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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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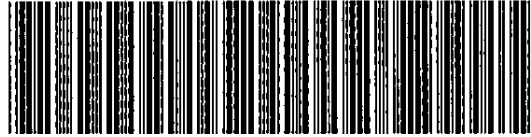
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 23 PM 2 00

FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHIMBERG SOLUTIONS, LLC.

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:

Scott Shimberg

Name of Person

Harbor Holdings, Inc.

Firm/Company

611 West Bay Street

Address

Tampa, FL 33606

City/State and Zip Code

scott@scottshimberg.com

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

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CLERK OF STATE
TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Scott Shimberg

Name of Person

at (**813**) **254-2110**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle
Tallahassee, FL 32301

October 21, 2013

Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: SHIMBERG SOLUTIONS, LLC.

Enclosed please find the Articles of Organization for SHIMBERG SOLUTIONS, LLC. As well as the payment of \$125 towards filing fees.

Any questions, please don't hesitate to contact me.

Sincerely,



Scott Shimberg

611 West Bay Street
Tampa, FL 33606
(813) 254-2110
scott@scottshimberg.com

2013 OCT 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHIMBERG SOLUTIONS, LLC.

(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 Liability Company is:

Principal Office Address:

Mailing Address:

611 West Bay Street
Tampa, FL 33606

611 West Bay Street
Tampa, FL 33606

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:

Scott Shimberg

Name

611 West Bay Street

Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33606

FL

City, State, and Zip

2013 OCT 23 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Scott Shimberg
611 West Bay Street
Tampa, FL 33606

MGRM

Heidi Shimberg
611 West Bay Street
Tampa, FL 33606

2013 OCT 23 PM 2:00
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

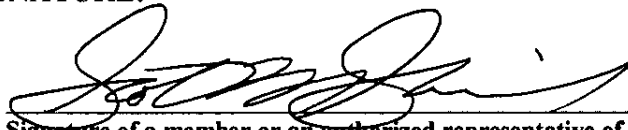
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Scott Shimberg

Typed or printed name of signee

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)