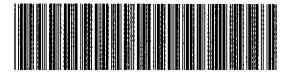
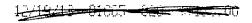
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALL AHASSES, FLORIDA

13 DFC 19 PM 3: 13

APPROVED
AND
FILED

C. LEWIS

DEC 2 0 2013

EXAMINER

(850) 245-6051.

COVER LETTER

то:	Registration S Division of Co	rporations		
SUBJE	ст: <u>\$/и</u>	Name of Limit	ed Liability Company	
The end	closed Articles of	Organization and fee(s) are s	submitted for filing.	
Please r	return all corresp	ondence concerning this matt	er to the following:	
	ā	Bound Hotson		
-		The dieser	Name of Person	
_			Firm/Company	
	2050 Hun	tstand Rd		
			Address	
_	Tacksoo	wille, \$2 32207		
-	studio	Cir VILIOYS D MAIL. E-mail address: No be used t	Address y/State and Zip Code COW or future annual report notification)	
For furt		concerning this matter, please		
<u> 3</u>	Name	of Person	at (<u>464</u>) <u>434 666</u> Area Code & Daytime Teleph	7 none Number
Enclos	ed is a check fo	or the following amount:		
ব \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Shedin Vicious LLG (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:	
2050 Hunts God Rd Began Detson Autsconsentile, FL 3707 2050 Handstood Rd Just sonveille, FL 31209	್ಷ
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 suitty with an active Florida registration.)	0EC 19
The name and the Florida street address of the registered agent are:	<u>?</u> ₽
United States Corporation Agents, Inc.	SIAIS
13302 Winding Oak (ourt Suite A Plorida street address (P.O. Box NOT acceptable)	
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 Lof2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY DI TALL AHASSEF,
CETO, MGRM	Bryon M. Jackson 2050 Huntstood Rd FACKSONVIlle, FL 31207	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date mu	he date of filing: 11 March 2013	(OPTIONAL)
o or 90 days after the date of filing.) REQUIRED SIGNATURE:	•	ian nve business u
	Ran	

13

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)

Typed or printed name of signee