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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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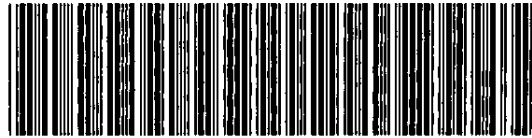
(Business Entity Name)

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DIVISION OF CORPORATIONS
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APR 16 2014
J. HARRIS

HUTCHISON, MAMELE & COOVER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

WILLIAM C. HUTCHISON, JR. (1928-1991)

* RICHARD L. MAMELE

STEPHEN H. COOVER

* BOARD CERTIFIED

MARITAL & FAMILY LAW

* SUPREME COURT CERTIFIED MEDIATOR

* COLLABORATIVE PRACTICE

PARK-FULTON BUILDING, 230 NORTH PARK AVENUE

POST OFFICE BOX 1149

SANFORD, FLORIDA 32772-1149

(407) 322-4051

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March 6, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SHANNON'S LLC

Ladies/Gentlemen:

Attached please find original Articles of Organization for the above referenced limited liability company, along with my client's check in the sum of \$155.00. Please file and return a certified copy of the Articles to the undersigned.

Should you have any questions, please call.

Very truly yours,



Stephen H. Coover

SHC/mjr
Enclosures

cc: Shannon Corsi



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2014

STEPHEN H COOVER
HUTCHINSON, MAMELE & COOVER, P.A.
P.O. BOX 1149
SANFORD, FL 32772-1149

SUBJECT: SHANNON'S LLC
Ref. Number: W14000019837

We have received your document for SHANNON'S LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 514A00006685

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**ARTICLES OF ORGANIZATION
OF
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the limited liability company is: **SHANNON'S, LLC.**

ARTICLE II - ADDRESS

The mailing address and the street address of the principle office of the Limited Liability Company is: 5675 Deer Path Lane, Sanford, FL 32771.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

STEPHEN H. COOVER
230 North Park Avenue
Sanford, FL 32771

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 property and complete performance of my duties, and I am familiar with any accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:


Shannon Corsi (Authorized Member)
5675 Deer Path Lane
Sanford, FL 32771

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ARTICLE V

The duration of the Limited Liability Company shall, unless limited by the terms of any Regulations Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 8th day of April, 2014.



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

SHANNON CORSI

Typed or printed name of signee

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 8th day of April, 2014 by SHANNON CORSI, who is personally known to me.



NOTARY PUBLIC
Notary Public - State of Florida

My Commission Expires:



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