

L14000070911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

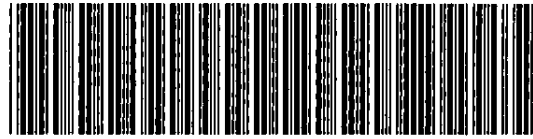
L14-20911

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258404505

New LLC

05/16/14--01036--013 **37.50

04/02/14--01018--004 **122.50

FILED
14 MAY -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2014
N. CAUSSEAU

L14-21315

L14-70911

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shear Enterprises, 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:

Joy Ibey
Name of Person

Shear Enterprises, LLC
Firm/Company

12130 28th Street N
Address

Saint Petersburg, FL 33716
City/State and Zip Code

joyibey@shearenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Ibey at (727) 540-9800
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

JOY IBEY
12120 28TH STREET NORTH
ST. PETERSBURG, FL 33716

SUBJECT: SHEAR ENTERPRISES, LLC
Ref. Number: W14000021315

We have received your document for SHEAR ENTERPRISES, LLC and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

We are returning your check ONLY in the amount of \$197.50, please issue a check in the amount \$37.50.

There is a balance due of \$37.50.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 814A00008189

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shear Enterprises, 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:

12120 28th St. N
St. Petersburg, FL 33716

Mailing Address:

12120 28th Street N
St. Petersburg, FL 33716

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:

Van A Fagan
Name
12120 28th St. N
Florida street address (P.O. Box NOT acceptable)
Saint Petersburg FL 33716
City 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 605, F.S..

Van A Fagan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
President

Name and Address:
Rhonda H. Shear-Fagan
2020 Brightwaters Blvd
St. Petersburg, FL 33703

CEO

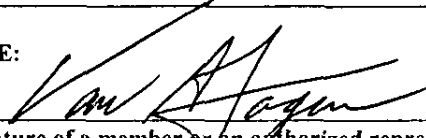
Van A Fagan
2020 Brightwaters Blvd
St. Petersburg, FL 33703

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Van A Fagan

Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA