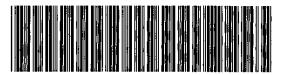
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Shapestorm LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	James Bryan Ebenhoch	Name of Person	
	Shapestorm LLC	Firm/Company	
		rimeCompany	
	5506 W Sacramento Ct	Address	
	Orlando, FL 32821	City/State and Zip Code	
_br	yan@shapestorm.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
James	S Ebenhoch at (407) 873-2762 Area Code Daytime Tel	ephone Number
Enclose	ed is a check for the following amount:		
교 \$ 125.0	0 Filing Fee	□\$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 Addy Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Shapestorm LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5506 W Sacramento Ct Orlando, FL 32821	5506 W Sacramento Ct Orlando, FL 32821
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
<u>James Bryan Ebenhoch</u> Name	
5506 W Sacramento Ct Florida street address (P.O. Box	NOT acceptable)
Orlando	FL 32821
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the 605. F.S
BS	
Registered Agent's Signati	ire (REQUIRED)
(CONTINUE	(D)
Page 1 of 2	5

[itle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	James Bryan Ebenhoch
	5506 W Sacramento Ct
	Orlando, FL 32821
	
	
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and the state of t	
ctive date is listed, the date must be spe	of filing: <u>June 22, 2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date	of filing: <u>June 22, 2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date ctive date is listed, the date must be spet filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a met (In accordance with section 60:	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date ctive date is listed, the date must be spet filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 60) constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true,
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