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TALLAHASSEE, FLORIDA

T. Burch | 118-2 9 2014

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Sheppard & Williams LLC Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wakeem Antonio Williams Name of Person
	Name of reison
	The Headshop Company Firm/Company
	11127 Rouse Run Circle Address
	Address
	Orlando/Flordia/32817 City/State and Zip Code
<u>ke</u>	emo247@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>Wakee</u>	Pem Antonio Williams at (786) 5109570 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee & Saladon Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sheppard & Williams LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
11127 Rouse Run Circle Orlando, Flordia 328	16493 Antoich Road, Milfor	rd VA
The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration of the name and the Florida street address of the registere Wakeem Antonio Williams	on.) d agent are:	
Nam	e	JUL 29 CRETARN CAHASSI
11127 Rouse Run Circle Florida street address (P.O. Bo	ox NOT acceptable)	<u>m</u>
<u>O</u> rlando	FL 32817	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the	pt the appointment as registered ag s of all statutes relating to the prope	ent and agree to act in this or and complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Brian Kenneth Sheppard
	9414 West Brighton City Henrico Count VA 23294
AMBR	Waxeen Williams.
-11-10-15	16493 Antohic Road
	W. Had 1 1 22214
	7 ~E 22
	W. W.
(Use attachment if necessary)	REAL PROPERTY OF THE PROPERTY
(Use attachment if necessary) EV: Effective date, if other than	the date of filing: (OPTIONAL)
EV: Effective date, if other than ective date is listed, the date mu of filing.)	the date of filing:
EV: Effective date, if other than	the date of filing:
E V: Effective date, if other than ective date is listed, the date mu of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 de
E V: Effective date, if other than ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmation of the constitutes any fail arm aware that any fail	the date of filing:
E V: Effective date, if other than ective date is listed, the date mu of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmation of the constitutes at th	the date of filing: