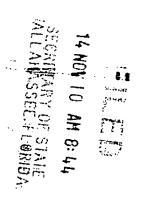
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(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO:	Registratior Division of (Section Corporations		
SUBJ	ECT: <u>ShireS</u>	mith Publishing, LLC. Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Nancy S	mith	Name of Person	
			Firm/Company	
	<u>15860 6</u> 2	2nd Pl. N.	Address	
	<u>Loxahato</u>	hee, FL 33470	aty/State and Zip Code	
_na	ancysmithwp@	Ogmail.com E-mail address: (to be use	d for future annual report notific	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Nancy	Smith Nan	at (§		lephone Number
Enclose	ed is a check fo	r the following amount:		
□ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ShireSmith Publishing, LLC.	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15860 62nd Pl. N.	15860 62nd Pl. N.
Loxahatchee, FL 33470	Loxahatchee, FL 33470
The name and the Florida street address of the registere Bruce Smith	d agent are:
Nam	e
15860 62nd Pl. N.	
Florida street address (P.O. Bo	x NOT acceptable)
Loxahatchee	FL 33470
City	Zip
the place designated in this certificate, I hereby acceptions capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the old	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in pter 605, F.S
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D D W
MGR	Bruce Smith
	15860 62nd Pl. N.
	Loxahatchee, FL 33470
MGR	Nancy Smith
	15860 62nd Pl, N,
	Loxahatchee, FL 33470

/T7 1 C	
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ctive date is listed, the date must be so filling.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felomance.) Nancy Smith	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In personal p

ARTICLE IV-

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