

L15000006847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

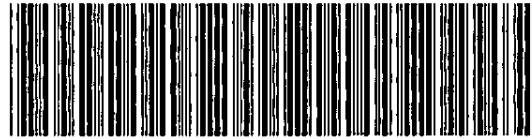
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN DEC 30 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 14 2015  
J. BRUCE

EFFECTIVE DATE 01/01/15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sheawood Investments, 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:

Sheri Woodworth

Name of Person

Firm/Company

944 Wellington Avenue

Address

Oviedo, FL 32765

City/State and Zip Code

swoodworth5@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Woodworth

Name of Person

at ( 407 )

Area Code

373-8066

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

**FILED**  
DEC 30 AM 9:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sheawood Investments, 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:

Mailing Address:

944 Wellington Avenue  
Oviedo, FL 32765

944 Wellington Avenue  
Oviedo, FL 32765

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:

Sheri Woodworth

Name

944 Wellington Avenue

Florida street address (P.O. Box **NOT** acceptable)

Oviedo

FL 32765

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.

Sheri Woodworth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE 01/01/15

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2014 DEC 30 AM 9:38  
CLERK OF SUPERIOR COURT  
JANUARY 2, 2015  
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

MGR

**Name and Address:**

Sheri Woodworth

944 Wellington Avenue

Oviedo, FL 32765

AMBR

Charles Woodworth

944 Wellington Avenue

Oviedo, FL 32765

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2015 (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:**

Sheri Woodworth

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.)

Sheri Woodworth

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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2014 DEC 30 AM 9:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA