

L15000015588

DOUGLAS W SHOULDER JR
(Requestor's Name)

814 ABBEGAIL DRIVE
(Address)

TALLAHASSEE, FLORIDA 32303
(Address)

850-556-3595
(City/State/Zip/Phone #)

DOUGSHOULDERS@OUTLOOK.COM
☐ PICK-UP ☐ WAIT ☐ MAIL

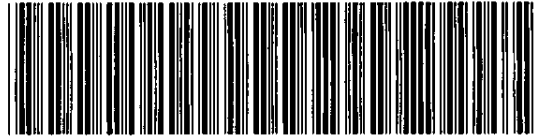
SHOULDER SERVICES, LLC
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG
JAN 27 2015

EFFECTIVE DATE
1/27

RECEIVED
15 JAN 27 PM 2:16
TALLAHASSEE, FLORIDA

FILED
15 JAN 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shoulders Services, 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:

Shoulders Services, LLC

814 Abbiegail Drive

Tallahassee, FL 32303

Shoulders Services, LLC

814 Abbiegail Drive

Tallahassee, FL 32303

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:

Douglas W. Shoulders, Jr.

Name

814 Abbiegail Drive

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

Tallahassee

City

FL 32303

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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15 JAN 27 PM 2:10
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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:

Douglas W. Shoulders, Jr.

814 Abbiegail Drive

Tallahassee, FL 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/27/2015 (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:


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.)

Douglas W. Shoulders, Jr.

Typed or printed name of signee

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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15 JAN 27 PM 2:11
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TALLAHASSEE, FLORIDA