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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	SHEELEY CONSULTING, LLC Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	RONALD W. SHEELEY
	Name of Person
_	SHEELEY CONSULTING, LLC
	Firm/Company
	3771 CRACKER WAY
	Address
	BONITA SPRINGS, FL 34134
	RSHEELEY 09 @ GMAIL. COM
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Ron	SHEELEY at 239, 850-6925
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
☐ \$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SHEELEY CONSULTING, 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:
3771 CRACKER WAY SAME
BONITA SPRINGS, FL
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:
DIANE CLAYTON
3771 CRACKER WAY
Florida street address (P.O. Box NOT acceptable)
BONITA SPRINGS FL 34134
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	A C.1652.514
MGR	RONALD W. SHEELEY
	BONITA SPICINGS FL 34134
MGR	PAUL A. SNYDER
19101	13855 OAK RIVE ROND
	CARMEL IN 46032
	De la
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E V: Effective date, if other than the date ctive date is listed, the date must be so f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section of constitutes an affirmation under the constitutes and affirmation under the constitutes	nember or an authorized representative of a member. 505.0203 (1) (6), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
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