

L15000035080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

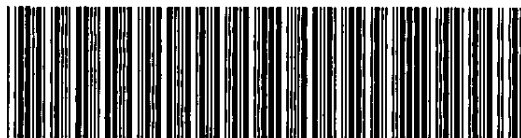
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/18/15--01006--018 **155.00

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FEB 18 PM 4:47
CLERK OF COURT
CLERK OF COURT

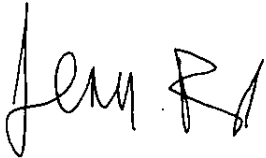
FEB 25 2015
S. YOUNG

February 9th, 2015

RE: SHANNON EMERY LLC

Please see the enclosed documents for the formation of the Shannon Emery LLC. If you have any questions or concerns regarding any of the documents, please contact Jennifer Fedele with Fedele and Vigo, PLLC who is the attorney representing Ms. Emery in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Fedele".

Jennifer Fedele, Esq.

305-909-7744

8950 SW 74th Court
Suite 2201 A-40
Miami Florida 33156

FILED
FEB 18 PM 4:47
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shannon Emery 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:

Jennifer Fedele, Esq.
Name of Person

Fedele & Vigo, PLLC
Firm/Company

8603 S. Dixie Highway, Suite 218
Address

Miami, FL 33143
City/State and Zip Code

jfedele@fedeleandvigolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Fedele at (305) 407-6555
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shannon Emery 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:

13301 SW 57th Court
Pinecrest, FL 33156

13301 SW 57th Court
Pinecrest, FL 33156

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:

Shannon Emery

Name

13301 SW 57th Court

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

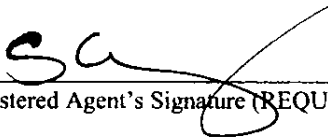
Pinecrest

City

FL 33156

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)

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:

Shannon Emery

13301 SW 57th Court

Pinecrest, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

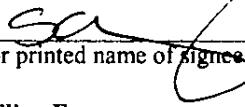
REQUIRED SIGNATURE:

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.)

Please see below

Shannon Emery


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)