

L15000159243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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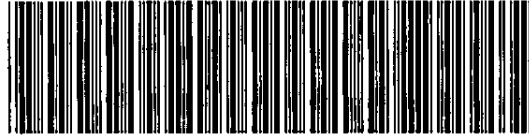
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 SEP 14 AM 10:24

9/12/2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANDRA ONEILL SHINE 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:

SANDRA ONEILL SHINE
Name of Person

SANDRA ONEILL SHINE LLC
Firm/Company

2220 SOUTH OCEAN BLVD. APT 1003
Address

DELRAY BEACH, FL 33483
City/State and Zip Code

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

For further information concerning this matter, please call:

SANDRA ONEILL SHINE at (561) 316-3684
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input 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:

SANDRA ONEILL SHINE 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:

2220 SOUTH OCEAN BLVD. APT 1003
DELRAY BEACH, FL 33483

2220 SOUTH OCEAN BLVD. APT 1003
DELRAY BEACH, FL 33483

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:

SANDRA ONEILL SHINE

Name

2220 SOUTH OCEAN BLVD. APT 1003

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

DELRAY BEACH

City

FL 33483

Zip

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TALLAHASSEE, FLORIDA

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.

Sandra O'Neill Shine

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:

SANDRA ONEILL SHINE

2220 SOUTH OCEAN BLVD. APT 1003

DELRAY BEACH, FL 33483

(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:

Sandra O'Neill Shine

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.)

SANDRA ONEILL SHINE

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)

SANDRA ONEILL SHINE LLC
2220 SOUTH OCEAN BLVD. APT 1003
DELRAY BEACH, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of SANDRA ONEILL SHINE LLC:

SANDRA ONEILL SHINE
2220 SOUTH OCEAN BLVD. APT 1003
DELRAY BEACH, FL 33483

Sandra O'Neill Shine
SANDRA ONEILL SHINE, Organizer

9/4/2015
Date