

L15 000195824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

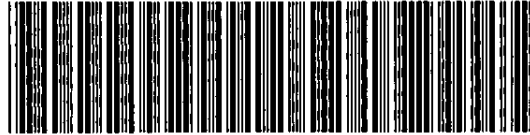
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sheps, 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:

Patrick S. Sheppard

Name of Person

Firm/Company

P.O. Box 821

Address

Eagle Lake, FL 33839

City/State and Zip Code

shepsplumbing@aol.com

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

For further information concerning this matter, please call:

Patrick Sheppard 863 294-1739
Name of Person Area Code 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is **Sheps, LLC**.

ARTICLE II:

The mailing address and the street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6800 Crystal Beach Rd.
Winter Haven, FL 33880

Mailing Address:

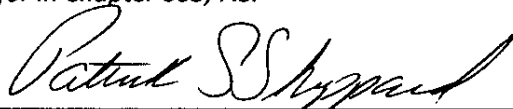
P.O. Box 821
Eagle Lake, FL 33839

ARTICLE III:

The name and the Florida street address of the registered agent are:

Patrick S. Sheppard
6800 Crystal Beach Road
Winter Haven, FL 33880

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.



Patrick S. Sheppard

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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

Name and address:

MGR

Patrick S. Sheppard
6800 Crystal Beach Rd.
Winter Haven, FL 33880

AMBR

Stephen S. Sheppard
3155 Spirit Lake Rd.
Winter Haven, FL 33880

AMBR

Brenda J. Mobley
107 Sunny Lane
Auburndale, FL 33823

AMBR

Yvonne Sheppard Kelsey
118 Prospect Ave.
Winter Haven, FL 33880

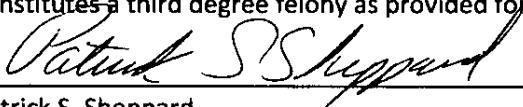
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TALLAHASSEE, FLORIDA

ARTICLE V:

Effective date shall be the date of filing.

This document is executed in accordance with Section 605.0203 (1) (b), Florida Statutes.

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.



Patrick S. Sheppard