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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE PALLAHASSEE. FLORIDA

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Frank E. Sheffield, LLC		
SOBJECT.		Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.
Please retur	n all correspondence concerning thi	s matter to the f	following:
	Frank E. Sheffield		
		Name of	Person
	Frank E. Sheffield, LLC		
•		Firm/Co	mpany
	4028 Old Bainbridge Road		
		Addr	ess
	Tallahassee, Florida 32303		
f	esattrny@aol.com	City/State an	d Zip Code
_		ised for future a	annual report notification)
For further in	formation concerning this matter, pl	ease call:	
:	Frank E. Sheffield	850	545-0218
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	20 Filing Fee & \$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 - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Frank E. Sheffield, LLC	Frank	: E.	She	ffie	ld.	LL	C
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(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:
4028 Old Bainbridge Road	4028 Old Bainbridge Road
Tallahassee, Florida 32303	Tallahassee, Florida 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:

Frank E. Sheffield		
	Name	
4028 Old Bainbridge	e Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
Tallahassee	Florida	32303
City	State	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 Algenature (REQUIRED)

(CONTINUED)

Page 1 of 2



AMBR" = Authorized Member MGR" = Manager	Name and Address: SECRETARY OF STALLAHASSEE, FLO
AMBR	Frank E. Sheffield
	4028 Old Bainbridge Road
	Tallahassee, Florida 32303
	
	
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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