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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

SHARON PARKS, 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:

SHARON PARKS

Name of Person

Firm/Company

123 BARNES ROAD

Address

TERRA CEIA, FLORIDA 34250

City/State and Zip Code

SharonparksCe@aol.com

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

For further information concerning this matter, please call:

Sharon Parks

Name of Person

at (941) 731-1654

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

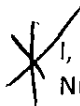
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

February 25, 2016

Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Sharon Parks, LLC.
FEIN: 46-3408824
L13000114587

Dear Sir/Ms:

 I, Sharon Parks former owner of Sharon Parks, LLC. Registration Number: L13000114587 acknowledge that I will not revoke the Dissolution filed by the State of Florida on this LLC.

I have made application and will be filing for a New Limited Liability Company and request the use of the name to be used as my New Limited Liability Company name.

Respectfully,



Sharon Parks
Owner/Manager

Cc: File Copy
Encl: Articles/LLC.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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TALLAHASSEE FLORIDA

SHARON PARKS, 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:

123 BARNES ROAD
TERRACE, FL 34250

Mailing Address:

P.O. Box 281
TERRACE, FL 34250

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:

Sharon Parks
Name
123 BARNES ROAD
Florida street address (P.O. Box **NOT** acceptable)
TERRACE, FL 34250
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..

Sharon Parks
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

UGR

Name and Address:

Sharon Parks
123 BARNES ROAD
TERRA COTA, FL 34250

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/1/2014 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Sharon Parks

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)