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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sham roch Ventures of Florida 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:
Mr. Patrick Doherty Name of Person
Shanrock Ventura of Floride
4003 Cattad Rond Die
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

16 MAY 19 PH 4: 33

Shan Joch Ventures of Florella LINGE AHASSEE FLORIDA

(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:
4003 Cathor Pand D.	4003 Catter Pard D.
Jad. F1. 32224	Jour, Fl. 32224

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:

Name

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

City State

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)

Page 1 of 2

BR" = Authorized Member R" = Manager -MBR	Patrich Joherty 4003 Carteil Pand J. Jacksonville, Fl. 32224
mbr	4003 Cartail Pand J. Jackson ville, Fl. 32224
-MBR	Jackson ville, Fl. 32224
-MBR	

attachment if necessary)	
s effective date on the Department of State's Other provisions, if any.	
<u>UIRED</u> SIGNATU RE .	
uired signature.	Dalat
Signature of a member or	an authorized representative of a member.
Signature of a member or This document is executed in acc	ordance with section 605.0203 (1) (b), Florida-Statutes.
Signature of a member or This document is executed in acc	ordance with section 605.0203 (1) (b), Florida-Statutes. tion submitted in a document to the Department of States
Signature of a member or This document is executed in acc I am aware that any false informa	ordance with section 605.0203 (1) (b), Florida-Statutes.
Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a	ordance with section 605.0203 (1) (b), Florida-Statutes. tion submitted in a document to the Department of States, sprovided for in s.817.155, F.S.
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