

From:

U600119694

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#975 P.001/004

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SHZM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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#975 P.002/004

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June 24, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: SH2M LLC
REF: W16000045217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the complete mailing address. It appears that it is incomplete.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000153703
Letter Number: 816A00013382

From:

06/24/2016 14:56

#976 P.003/004

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SH2M 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:

23 CAMBRIDGE DRIVE
BOYNTON BEACH, FL 33436

23 CAMBRIDGE DRIVE
BOYNTON BEACH, FL 33436

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:

MARILYN EPSTEIN

Name

23 CAMBRIDGE DRIVE

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

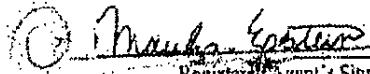
BOYNTON BEACH FL 33436

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's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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06/24/2016 14:56

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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

MGR

Name and Address:

MARILYN EPSTEIN

23 CAMBRIDGE DRIVE

BOYNTON BEACH, FL 33436

(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.)

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.

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.

MARILYN EPSTEIN

Typed or printed name of signer

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)