L/6000/43957

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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07/27/16--01028--002 **125.00



Office Use Only

08/05/16

COVER LETTER

TO: Registration Section Division of Corporations	
subject: Shel	1 Road LLC
	Name of Limited Liability Company
The england Articles of Occasions	and for(a) are submitted for filling
The enclosed Articles of Organization	and ree(s) are submitted for ming.
Please return all correspondence conce	rning this matter to the following:
·	Lisa Gailey Name of Person
	
	Firm/Company
	341 Magnolia Place
	Debary F1. 32713 City/State and Zip Code gailey/@bellsouth.net
	City/state and Zip Code
E-mail address	: (to be used for future annual report notification)
For further information concerning this r	natter please call
To further information concerning and t	milet, please carr.
Lisa Gailey Name of Person	at (<u>407</u>) <u>415-8878</u> Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
\$125.00 Filing Fee \$130.00 Fil. Certificate	
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporat P.O. Box 6327	tions Division of Corporations Clifton Building
Tallahassee, FL 323	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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:
341 Magnolia Place Same Depart Fl. 32713
(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:
341 Magnolia Place Florida street address (P.O. Box NOT acceptable)
Debary Fl. 32713 City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <i>MG-R</i>	Lisa Gailey 341 Magnolia Place
AMBR	Richard Gailey 341 Magnolia Place Debacy Fl. 32713
	-
(Use attachment if necessary)	
TCLE V: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
TCLE V: Effective date, if other than the dat n effective date is listed, the date must be s late of filing.)	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the date n effective date is listed, the date must be slate of filing.) e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the date n effective date is listed, the date must be slate of filing.) e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the date n effective date is listed, the date must be slate of filing.) e: If the date inserted in this block does not document's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the Department of a magnetic date of the Department of the D	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the date n effective date is listed, the date must be slate of filing.) e: If the date inserted in this block does not document's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the Department of a magnetic date of the Department of the D	meet the applicable statutory filing requirements, this date will not be list at of State's records. Less Lactuage representative of a member. The state in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)