

L17000068121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

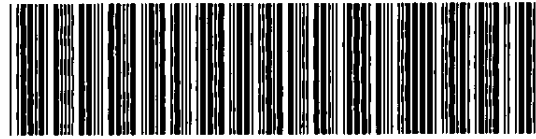
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500297216075

03/27/17--01009--003 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
17 MAR 27 AM 11:40

2017 MAR 27 11:03:23  
CENTRAL MAIL ROOM

C. GOLDEN

MAR 28 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue. Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 3-29-17

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. Shining Monkey LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED  
2017 MAR 27 01 08 23  
TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
For  
Shining Monkey LLC  
Florida Limited Liability Company**

2017 MAR 27 11:08:23

SUN TALLY 11:08:23

**ARTICLE I - Name:**

The name of the Limited Liability Company is Shining Monkey LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

855 Orangehill Road  
Chipley, FL 32428

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Terrell Pitts  
855 Orangehill Road  
Chipley, FL 32428

*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.*


  
\_\_\_\_\_  
Terrell Pitts, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Jerry Pitts  
855 Orangehill Road  
Chipley, FL 32428

Terrell Pitts  
855 Orangehill Road  
Chipley, FL 32428

  
\_\_\_\_\_  
Carri Brown, Organizer