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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TALLMENSSEE, FLORIDA

## COVER LETTER

	w Filing Section vision of Corporations		
aun in co	CHERYL SHORES LLC		
SUBJECT:	Name of I	Limited Liabilit	y Company
The enclose	d Articles of Organization and fec(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fo	ollowing:
	DOUGLAS HIXSON		
	•	Name of	Person
		Firm/Cor	npany
	10701 SOUTH OCEAN DRIVE L	···	
		Addre	ess
	JENSEN BEACH FLORIDA 3495	57	
	DOUG@SEWARDPLAZA.COM	City/State and	1 Zip Code
_	E-mail address: (to be us	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	DOUGLAS HIXSON	313	770-4473
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

dress of the principal of the Modern of the principal of the Modern of t	ffice of the Limited L  10701 S  JENSE  & Registered Agent Registered Agent. You	Liability Company is:  Mailing Address:  SOUTH OCEAN DRIVE LOT 60.  N BEACH, FLORIDA 34957
Al Office Address:  RIVE  A 34949  Int, Registered Office, cannot serve as its own ctive Florida registration address of the registered	& Registered Agent Registered Agent. You	Mailing Address:  SOUTH OCEAN DRIVE LOT 60.  N BEACH, FLORIDA 34957  's Signature:
Al Office Address:  RIVE  A 34949  Int, Registered Office, cannot serve as its own ctive Florida registration address of the registered	& Registered Agent Registered Agent. You	Mailing Address:  SOUTH OCEAN DRIVE LOT 60.  N BEACH, FLORIDA 34957  's Signature:
nt, Registered Office, cannot serve as its own ctive Florida registration address of the registered	& Registered Agent Registered Agent. You n.) agent are:	N BEACH, FLORIDA 34957 's Signature:
nt, Registered Office, cannot serve as its own ctive Florida registration address of the registered	& Registered Agent Registered Agent. Yo n.) agent are:	's Signature:
cannot serve as its own ctive Florida registratio ddress of the registered	Registered Agent. Youn.) agent are:	's Signature: ou must designate an individual or
10701 SOUTH OCEAN I	DRIVE LOT 605	
Florida street address	s (P.O. Box <u>NOT</u> acc	ceptable)
JENSEN BEACH	FLORIDA	34957
City	State	Zip
I hereby accept the apportions of all statutes re	ointment as registered clating to the proper d	l agent and agree to act in this capacion and complete performance of my dutie.
1	JENSEN BEACH  City  gent and to accept servi  hereby accept the apper visions of all statutes re	

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"AMBR" = Authorized Member "MGR" = Manager MGR  DOUGLAS C HIXSON 10701 SOUTH OCEAN DRIVE LOT 605 JENSEN BEACH, FLORIDA 34957  AMBR  TERRANCE LEE 1731 E. GRAND BLVD, #2 DETROIT, MICHIGAN 48211  CLE V: Effective date, if other than the date of filing:  CLE V: Effective date, if other than the date of filing:  OPTIONAL)  Steptility date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.  DOUGLAS C. HIXSON Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	. •	Name and Address:	
OUGLAS C HIXSON  10701 SOUTH OCEAN DRIVE LOT 605  JENSEN BEACH, FLORIDA 34957  TERRANCE LEE  1731 E. GRAND BLVD. #2  DETROIT, MICHIGAN 48211  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  ### COPTIONAL		authorized Member		
(Use attachment if necessary)  TERRANCE LEE  1731 E. GRAND BLVD. #2  DETROIT, MICHIGAN 48211  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days or of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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.  DOUGLAS C. HIXSON  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = M:	nager		
JENSEN BEACH, FLORIDA 34957   TERRANCE LEE   1731 E. GRAND BLVD. #2   DETROIT, MICHIGAN 48211   DETROIT MICHIGA	MGR			
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ARTICLE IV-