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COVER LETTER

	COVER LETTER					
	ew Filing Section ivision of Corporations					
SUBJECT	: SHELIA SPECIAL TEE'S LLC					
Name of Limited Liability Company						
The enclos	ed Articles of Organization and fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning this matter to the following:					
	SHELIA V. KING MRS.					
	Name of Person					
	SHELIA SPECIAL TEE'S LLC					
	Firm/Company					
	4769 HICKORY STREAM LN					
	Address					
	MULBERRY, FL 33860					
	City/State and Zip Code homedecorbysvking@gmail.com					
•	E-mail address: (to be used for future annual report notification)					
For further i	nformation concerning this matter, please call:					
	SHELIA KING at (618) 530-8972					
	Name of Person Area Code Daytime Telephone Number					
Enclosed i	s a check for the following amount:					
\$125.00 F	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327

Street Address

New Filing Section Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(141021.7	ALTEE'S LLC	L Link Div. C		
	contain the words "Limited	і Сіавініў Сотрапу,	"L.L.C., or "ELC.)	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Addre	2 <u>88</u> :
4769 HICKORY S	4769 HICKORY STEAM LN		9 HICKORY STEAM LN	
MULBERRY, FL.	33860		LBERRY, FL 33860	
		Name		3
	4760 HICKORY STE	A X 1 1 X		•
	4769 HICKORY STE Florida street addres	AM LN ss (P.O. Box <u>NOT</u> ac	cceptable)	
			33860	SEMANT - Z SATE

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	SHELIA V. KING MRS.
 _	4769 HICKORY STREAM LN
	MULBERRY, FL 33860
	
(Use attachment if necessary)	
(Ose attachment it necessary)	
ARTICLE V: Effective date, if other than the	date of filing:, (OPTIONAL)
If an effective date is listed, the date must b	be specific and cannot be more than five business days prior to or 90-days after
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departr	nent of State's records.
ARTICLE VI: Other provisions, if any.	, m
	Service of the servic
REQUIRED SIGNATURE:	
Signature of	a member or an authorized representative of a member.
This document is e	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any	rialse information submitted in a document to the Department of State
	legree felony as provided for in s.817.155. F.S.
Joloden	φ)
	Typed or printed name of signee

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)