

10/30/2019

Division of Corporations

Florida Department of State

Division of Corporations

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From:

Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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**FLORIDA LIMITED LIABILITY CO.**

**Shelly's Home LLC**

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OCT 31 2019

T. SCOTT



## COVER LETTER

Monday, October 28, 2019

To: New Filing Section  
Division of Corporation

Subject:  
Shelly's Home LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Kalpesh J. Patel, Esq.**  
**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

**FL Patel Law PLLC**

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR

**SHELLY'S HOME, LLC**

A

**Florida Limited Liability Company**

## ARTICLE I

## Name \_\_\_\_\_

The name of the Limited Liability Company is: Shelly's Home, LLC (the Company).

## ARTICLE II

**Address**

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

1245 Auburn Way North #152  
Auburn, WA 98002

### ARTICLE III

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC  
360 Central Avenue, Suite 800  
St. Petersburg, Florida 33701

*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..*

Helary Zalla

(sign)

(CONTINUED)

**ARTICLE IV:**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
Manager	Peter Heinrich 1245 Auburn Way North #152 Auburn, WA 98002
Manager	Michelle Heinrich 1245 Auburn Way North #152 Auburn, WA 98002

**ARTICLE IV:**

The Effective date shall be the date of filing.

Peter Heinrich (sign)

**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.

Peter Heinrich

Authorized Representative/Member