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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

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:	01/08/2020		
	CERTIFIED COPY				
ХХ	РНОТОСОРУ				
	CUS				
ХX	FILING	LLC			
	SHIELDS CONSTRUCTION				
	(CORPORATE NAME AND DOCUM	ENT#)			
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SHIELDS CONSTRUCTI Name of Limited Liability Company	ON 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:	
DON D. SHIELDS	
Name of Person	
SHIELDS CONSTRUC	- T/0 N
Firm/Company	
15344 BLUE BOAR	ROND
Address	
TALLANASSEE FLORIDA	. 7.2 9. 10
TALLAHMISEE, FLORIDA City/State and Zip Code	
DON D. SHIELDE @ GMAIL .	
E-mail address: (to be used for future annual report no	
For further information concerning this matter, please call:	
DON A SHIBLES at (850) 720-	6458
Name of Person Area Code Daytime To	Hephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &
Matthew Address	
Mailing Address New Filing Section New Filing Sec	
Division of Corporations Division of Co	orporations
P.O. Box 6327 Clifton Buildin Tallahassee, FL 32314 2661 Executiv	ng re Center Circle
Tallahassee, F1, 32314 2001 Executiv	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SHIELDS CONSTRUCT	N Trc
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ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
TALLAHASSEE, FL. 32310	TALLANASSEE, FL. 32310

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

(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:

ON D.	ムと一下に	24.		
Name				
BLUE	BOAR	ROND		
Florida street address (P.O. Box NOT acceptable)				
TAMAHASSRE, FL. 323/0				
,				
	Name BLUE ress (P.O. Bo	Name BLUE BOAR ress (P.O. Box NOT accept		

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.,

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	DON D. SHIELDS 15344 BLUE BONR ROAD TALLAHASSEE, FL 32310
MGR.	JOSH SHIELAS 15344 BLUB BOW ROAD TALLAHASSER, FL 32810
MGR	JEREMY SHIELDS 15344 BLUE BOAR ROAD TALLAHASSES FL 32310
(Use attachment if necessary)	
If an effective date is listed, the date must be specific be date of filing.)	ing: TAN. 9, 2020 (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, rination submitted in a document to the Department of State

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)