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(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

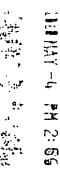


T. SCOTT



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March 20, 2020

STEPHANIE DAVIS SOUTH WALTON BEACH CHOIR GUYS 90 CROSSING LN UNIT E SANTA ROSA BEACH, FL 32459

SUBJECT: SHADY FOLKS LLC Ref. Number: W20000029567

We have received your document for SHADY FOLKS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 520A00006126

COVER LETTER

TO: New Filing Se Division of Co			
Shady Fol			
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Stephanie E	Davis		
		Name of Person	-··
South Walto	on Beach Chair Guys		
		Firm/Company	
90 Crossing	LN Unit E		
		Address	
Santa Rosa	Beach FL 32459		
southwaltont	Ci ceachchairguys@gmail.com	ty/State and Zip Code	
-	E-mail address: (to be used	for future annual report notificati	on)
For further information co	oncerning this matter, please	call:	
Stephanie D	avis (701 , 628-0627	L
Nan		ea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	2\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
B.A	na Addroes	Street Address	

Mailing Address

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SHADY FOLKS LLC	
(Must conatin the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
90 CRUSSING LN UNIT E SANTA ROSA BEAUT FL 32459	SAMG
SANTA ROSA BEAUT FL 32459	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
STEPHANIE DA	NS
Name	

90 Chossing LN UNIT E

Florida street address (P.O. Box NOT acceptable)

Sonra Rosa Brach, FL 32459

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized	Name and Address: Member
"MGR" = Manager	STEPHANIE DAVIS 90 Chos SINI IN BUTT & SANTA ROS & BEALDY, FL 72459
(Use attachment if nec	ssary)
effective date is listed, the te of filing.)	ther than the date of filing: March 2020. (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days afte block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
	o open anom o . o en o e

REQUIRED 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.

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)