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Derrick Thompson (/2)/2)

## **COVER LETTER**

Division of Corporations		
SUBJECT: Shor Commodities	.110.	
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jessipa Feurtado		
	Name of Person	
· · · · · · · · · · · · · · · · · · ·	1, 2, 2, 4, 4, 4, 4	
	Firm/Company	
1880 woodlands	Park Ct.	
Into mary FI	3174/	
Lake mary, FL	City/State and Zip Code	
Shor commodities	for future annual report notificati	(on)
For further information concerning this matter, please	•	on)
-		
JOSSICA FOUR FOR at (	407 ) 470 - 1033 rea Code Daytime Telephone	a Number
Name of Person A	rea Code Daytine 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)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee	
P.O. Box 6327	2415 N. Monroe Stree	

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Shor Commodities, LLC (Must contain 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:			
1880 Woodlands Park Ct.	1880 Woodlande Park Ct.			
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:				
USSICO Flurto do Name	<u> </u>			
Florida street address (P.O. Box NOT acceptable)				
Lake Mary, FL City State	37146 Zip			
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered. Registered agent	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I			

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Jessica Feurtado 2880 mary, Fi 33146 Lake mary, Fi 33146	
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after	
Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as at of State's records.	
This document is exec I am aware that any fal	nember or an authorized representative of a member. uted in accordance with section 605,0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	
7528	Typed or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)