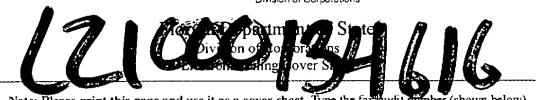
3/30/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : Ft PATEL LAW PLLC Account Number : I20170000097

Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Gail Address: Kerri.shirey@gmail.com

FLORIDA LIMITED LIABILITY CO. Shirey Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 HAR 31 AM 8: 58

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COVER LETTER

Tuesday, March 30, 202

To: New Filing Section
Division of Corporation

Subject: SHIREY GROUP, 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:

FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701

Fax: 727-888-1294

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

Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

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

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

SHIREY GROUP, LLC

A FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Shirey Group, LLC (the "Company

ARTICLE II. Address

The principal office and mailing address of the Company is:

1952 Montana Avenue NE St. Petersburg, Florida 33703

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

Kerri Shirey 1952 Montana Avenue NE St. Petersburg, Florida 33703

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. Kerri L. Shirey (sign)

ARTICLE IV. Authorized Members and Managers

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

<u>Title</u>	Name and Address		•
AMBR = Authorized Member MGR = Manager			
MGR	Kerri Shirey 1952 Montana Avenue NE St. Petersburg, Florida 33703		
		(7) (7)	202
	ARTICLE V.	111/188	HAR 3

The Effective date shall be the date of filing.

Kerri L. Shirey

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.

Kerri Shirey Authorized Representative/Member