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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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Email Address:			

FLORIDA LIMITED LIABILITY CO. SHR Management Services LLC

Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ent Services LLC			
(Mus	t contain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and st	reet address of the principal of	fice of the Limited	Liability Company is:	
<u>P</u> 1	incipal Office Address:		Mailing Address:	3,
11231 NW 197	'H СТ	1123	31 NW 19TH CT	;-
			AUDAUDICAL DE LECTOTO	,
he Limited Liability Con other business entity wi	ed Agent, Registered Office, &	& Registered Ager Registered Agent. \(\)	NTATION, FL US 33323 nt's Signature: You must designate an individual of	THE PARTY OF THE P
RTICLE III - Registero The Limited Liability Contoother business entity wi	ed Agent, Registered Office, & appany cannot serve as its own left an active Florida registration at the address of the registered	& Registered Ager Registered Agent. \(\) ayent are:	nt's Signature:	TALL STORY
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RTICLE III - Registero The Limited Liability Contoother business entity wi	ed Agent, Registered Office, & inpany cannot serve as its own left an active Florida registration street address of the registered Northwest Registered	Registered Ager Registered Agent. \(\) a) agent are: Agent LLC Name	nt's Signature: You must designate an individual o	AND SEE OF SIDE
RTICLE III - Registero The Limited Liability Contoother business entity wi	ed Agent, Registered Office, & inpany cannot serve as its own I than active Florida registration street address of the registered Northwest Registered 7901 4th St N STE 30	Registered Ager Registered Agent. \(\) a) agent are: Agent LLC Name	nt's Signature: You must designate an individual o	Control Services

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Wainsworth Rankine AMBR 11231 NW 19TH CT PLANTATION, FL US 33323 <u>AMBR</u> Ronia Baker 11231 NW 19TH CT PLANTATION. FL US 33323 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: __. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. 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.

> Morgan Noble Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)