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TALLAHASSEE, FLORIDA

2021 NOV 15 PM 4:37

COVER LETTER

TO: **New Filing Section**
Division of Corporations

      MSHIRLEE, LLC
SUBJECT: _____

<div align="center">Name of Limited Liability Company</div>

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

    Shirley A Bryant
_____

<div align="center">Name of Person</div>

_____

<div align="center">Firm/Company</div>

    1366 Palm Beach Lakes Blvd
_____

<div align="center">Address</div>

    West Palm Beach, FL 33401
_____

<div align="center">City/State and Zip Code</div>

msshir110@gmail.com
_____

<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

    Shirley Bryant   561   307-0548
_____ at (_____) _____
    Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐$160.00 Filing Fee,
                     Certificate of Status   Certified Copy   Certificate of Status &
                                    (additional copy is enclosed)   Certified Copy
                                                            (additional copy is enclosed)

        Mailing Address   **Street Address**
        New Filing Section   New Filing Section Division
        Division of Corporations   The Centre of Tallahassee
        P.O. Box 6327   2415 N. Monroe Street, Suite 810
        Tallahassee, FL 32314   Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MSHIRLEE, LLC
_____
(Must contain the words "Limited Liability Company, "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:**
1366 Palm Beach Lakes Blvd	1366 Palm Beach Lakes Blvd
West Palm Beach, FL 33401	West Palm Beach, FL 33401

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:

Shirley Bryant
_____
Name

1366 Palm Beach Lakes Blvd
_____
Florida street address (P.O. Box **NOT** acceptable)
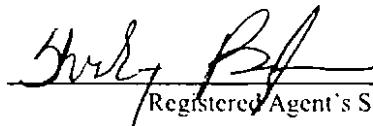
West Palm Beach	FL	32301
City	State	Zip

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)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR	SHIRLEY BRYANT
	1366 PALM BEACH LAKES BLVD
	WEST PALM ABEACH, FL 33401

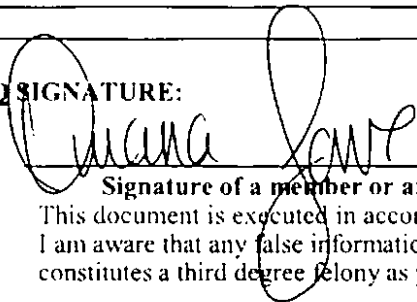| AMBR | QUIANA LOWE |
| | 4036 AILANTHUS CT |
| | TALLAHASSEE, FL 32305 |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.
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)