

H22000158596332

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SHARMOHOMES, LLC

please honor original submission date of 5/02/22

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

please honor original submission date of 5/02/22

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850-617-6381 5/3/2022 7:14:31 AM PAGE 1/001 Fax Server

corrected, please honor original submission date of 5/2/22



May 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES

SUBJECT: SHARMOHOMES, LLC
REF: W22000057156

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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.

Tammi Cline FAX Aud. #: H22000158596
Regulatory Specialist II Supervisor Letter Number: 322A00010161

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Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Monday, May 02, 2022 3:24 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20220502_142356_00005C20-0000.pdf

Create Time: 05/02/2022 02:18:23 PM
Schedule Time: 05/02/2022 02:23:56 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H22000158596
Max tries: 5
Try interval: 600
Priority: 3
Pages: 4
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

20220502 08:16:38 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H22000158596

ARTICLE I - Name:

The name of the Limited Liability Company is:

SharMoHomes, 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:

201 4th St S. #622

St Petersburg, FL 33701-4579

Mailing Address:

PO BOX 2214

St Petersburg, FL 33731

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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

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

Tallahassee

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.



Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY 03 AM 7:35

H22000158596

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Sharlene Morris
PO Box 2214
St. Petersburg, FL 33731

(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.

Eric R. Bardwell

Typed or printed name of signer

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)

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