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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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. SHAD Holdings, LLC

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

E I - Name: of the Limited L	ability Company is:	
SHAD Holding	· · · · · · · · · · · · · · · · · · ·	
(Mus	contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
E II - Address:		
ng address and sh	eet address of the principal office o	f the Limited Liability Company is:
<u>Pr</u>	ncipal Office Address:	Mailing Address:
983 Hanover W	ay	983 Hanover Way
Lakeland, Flori	la 33813	Lakeland, Florida 33813
ted Liability Com	Agent, Registered Office, & Reg pany cannot serve as its own Regist an active Florida registration.)	gistered Agent's Signature: lered Agent. You must designate an individual or
and the Florida si	reet address of the registered agent	are:
	David Wayne Abbott	
	Name	
	Name	

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

Florida

983 Hanover Way

Lukeland

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:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
With - Wallager				
MGR	David Wayne Abbott		_	
	983 Hanover Wav		_	
	Lakeland, Florida 33813		_	
			_	
			_	
****			_	
(Use attachment if necessary)				
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this da of State's records.	te will no	t be lis	ted as
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	Ways Albert			
Signature of a m	ember or an authorized representative of a member.	<del></del>	~ ~	
This document is execu	ted in accordance with section 605.0203 (1) (b), Florida	Statutes.	192	
I am aware that any fals	e information submitted in a document to the Departmen		<u>مه</u>	
constitutes a third degre	e felony as provided for in s.817.155, F.S.	至	-	
David Wayne A	hholt	5 4	ス へ と	
David Wavne Al	Typed or printed name of signee	: S:	23	! -
	Typed of printed fame of signed	rn	_	
	Filing Fees:	·	AK	
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