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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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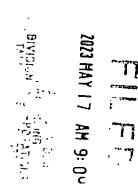
T. SCOTT MAY 1 8 2023



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February 3, 2023

JAMES A. ROBERTS 611 E. JEDAGO WEST PALM BEACH, FL 33405

SUBJECT: JR&SH INVESTMENTS, LLC.

Ref. Number: W22000116515

We have received your document for JR&SH INVESTMENTS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L17000184609-JRSH INVESTMENTS LLC Documents not legible

L17000184609-JRSH INVESTMENTS LLC Documents not legible

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II Annual Reports

Letter Number: 323A00002680

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SHELL R INJECTIVE LLC Name of Limited Liability Company
Name of Elimited Clability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James A. Roberts
Name of Person
Firm/Company
611 Er Vedado
West Palm Erach
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
James Roberts at (561) 236-2769 Name of Person Area Code Daytime Telephone Number
Name of Person Mea Code Daytine Pelephone Number
Enclosed is a check for the following amount:
TJ\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SH& JR Investmen	its, LCC
(Must contain the words "Limited Liability Compan	y, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:
611 El Vedado, WPB FL 33405_	Samo

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:

| James A. Roberts |
| Name |
| Gill Et Jedg do |
| Florida street address (P.O. Box NOT acceptable) |
| West Palus Bath Florida 33 405

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 turther 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)

2023 HAY 17 AH 9: 00

<u>Title:</u> "AMBR" - Authorized Mo	Name and Address:
"MGR" - Manager A B P AMBR	Saraffornor CITEDO DOLO West Palm Brach Florida 33405 James Pohorts 611 54 Jedado Florida 32405
(Use attachment if necessa	ry)
(If an effective date is listed, the dath the date of filing.) <u>Note:</u> If the date inserted in this blothe document's effective date on the	·
ARTICLE VI: Other provisions, if a	ny.
Phis docu Lain award constitutes	RE: Lature of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes. that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S. DAMCS A Roberts Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for 7 \$-30,00 Certified Copy \$-5.00 Certificate of S	Articles of Organization and Designation of Registered Agent (Optional)

f-70-already sent 355-sent now on check 1655