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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

166 SHL LLC		
(Mus	st contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and st	treet address of the principal office of th	he Limited Liability Company is:
<u>Pr</u>	incipal Office Address:	Mailing Address:
7742 Sandhill (Court West Palm Beach, FL 33412	7742 Sandhill Court West Palm Beach, FL 3
		7>
RTICLE III - Registere	d Agent, Registered Office, & Regist	ered Agent's Signature:
the Limited Liability Con	npany cannot serve as its own Registere	ed Agent. You must designate an individual or
nother business entity wit	th an active Florida registration.)	φ.
he name and the Florida a	stends a didentity College College	
he name and the Florida's	street address of the registered agent are	e:
he name and the Florida s	street address of the registered agent are Carl Moroff	
he name and the Florida's		e:
he name and the Florida's	Carl Moroff	
The name and the Florida's	Carl Moroff Name	
The name and the Florida's	Carl Moroff Name 7742 Sandhill Court FL	ox NOT acceptable)

(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:
AMBR	Carl Moroff 7742 Sandhill Court West Palm Beach, FL 33412
AMBR	Judith Moroff 7742 Sandhill Court West Palm Beach, FL 33412
	20
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of	filing: (OPTIONAL) 49
c date of fining.)	et the applicable statutory filing requirements, this date will not be listed a State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	puff, M6R.
l am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State clony as provided for in s.817.155. F.S.
Carl Moroff	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)