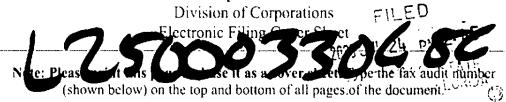
Florida Department of State



(((H25000259543 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE 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.

Fmail	Address:	
TIKE TT	Auui C33.	

FLORIDA LIMITED LIABILITY CO.

Shane Evert Williams LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		FILED
The name of the Limited Liability Company is:		FILED 2025 JUL 24 PM 2: 45
Shane Evert Williams LLC		ニー・シッパ くごはじ
(Must contain the words "Limited L	iability Con	ipany, "L.L.C.," or "LLC.")
ADTICLEM		69
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the L	-
	THE OF MICE	maned diability exhipally to.
Principal Office Address:		Mailing Address:
2807 NE 26th Place		2807 NE 26th Place
Fort Lauderdale, FL 33306		Fort Lauderdale, FL 33306
(The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.) The name and the Florida street address of the registered a	1.)	gen. For this wesignate an individual w
-	-	
Shane Evert Williams	Name	
	Name	
2807 NE 26th Place		
Florida street address	(P.O. Box <u>8</u>	OT acceptable)
Fort Lauderdale	FL	33306
City	State	Zip
Toutes because of the second second	,	C 1 1 1 10 10 10 10 10

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..

Olivia Longales. Olivia Gonzales, Attorney-in-Fact Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	2025 JUL 24 PM 2: 45
"AMBR" = Authorized Member "MGR" = Manager		GEODET! STATE
AMBR/President	Shane Evert Williams	
	2807 NE 26th Place Fort Lauderdale, FL 33306	
	· or boundaries in property	
		
(Use attachment if necessary)		
·	te of filing:	(OPTIONAL)
FIGLE V: Effective date, if other than the da n effective date is listed, the date must be s	te of filing:	. (OPTIONAL) business days prior to or 90 days afte
FIGLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.)	pecific and cannot be more than five	business days prior to or 90 days afte
(Use attachment if necessary) FICLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.) e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five meet the applicable statutory filing re	business days prior to or 90 days afte
FICLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.) e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five meet the applicable statutory filing re	business days prior to or 90 days afte
FIGLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.) e: If the date inserted in this block does not	pecific and cannot be more than five meet the applicable statutory filing re	business days prior to or 90 days afte
FICLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.) e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five meet the applicable statutory filing re	business days prior to or 90 days afte
FICLE V: Effective date, if other than the da n effective date is listed, the date must be s date of filing.) e: If the date inserted in this block does not document's effective date on the Department of the D	pecific and cannot be more than five meet the applicable statutory filing re	business days prior to or 90 days afte
FICLE V: Effective date, if other than the date n effective date is listed, the date must be state of filing.) e: If the date inserted in this block does not document's effective date on the Department of the	specific and cannot be more than five meet the applicable statutory filing rest of State's records.	business days prior to or 90 days after equirements, this date will not be listed
FICLE V: Effective date, if other than the date n effective date is listed, the date must be state of filing.) e: If the date inserted in this block does not document's effective date on the Department of the	specific and cannot be more than five meet the applicable statutory filing rest of State's records.	business days prior to or 90 days after equirements, this date will not be listed
FICLE V: Effective date, if other than the da n effective date is listed, the date must be state of filing.) e: If the date inserted in this block does not document's effective date on the Department of the De	meet the applicable statutory filing rent of State's records. Alls nember or an authorized representa	business days prior to or 90 days after equirements, this date will not be listed
FICLE V: Effective date, if other than the da n effective date is listed, the date must be state of filing.) e: If the date inserted in this block does not document's effective date on the Department of the De	meet the applicable statutory filing reat of State's records. Member or an authorized representa uted in accordance with section 605.03 se information submitted in a document	tive of a member. 203 (1) (b), Florida Statutes. 10 to the Department of State
ricle V: Effective date, if other than the date neffective date is listed, the date must be state of filing.) e: If the date inserted in this block does not document's effective date on the Department of the D	meet the applicable statutory filing rest of State's records. Means or an authorized representauted in accordance with section 605.03	tive of a member. 203 (1) (b), Florida Statutes. Int to the Department of State , F.S.

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)