

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 110 Tallahassee, Florida 32302  
(850) 224-8877 • (850) 347-8062 • Fax (850) 212-1125

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\*\*\*285.00 \*\*\*285.00

Shamrock Village L.C.

L98-115

Name Availability	OK 1/29
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

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Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

✓ LC File LLC

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

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ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: The name of the Limited Liability Company is:

SHAMROCK VILLAGE, L.C..

ARTICLE II: The mailing address and street address of the principal  
office of the Limited Liability Company is:

17 Felmley Road  
Whitehouse Station, N.J. 08889

ARTICLE III: The period of duration for the Limited Liability  
Company shall be perpetual.

ARTICLE IV: The Limited Liability Company is to be managed by the  
members. The name and address of the managing  
member is:


J. Scott Morrison  
17 Felmley Road  
Whitehouse Station, N.J. 08889

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*AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS*  
*LIMITED LIABILITY COMPANY*

*The undersigned member or authorized representative of a member of SHAMROCK VILLAGE, L.C., deposes and says:*

- 1) the above named limited liability company has at least two members*
- 2) the total amount of cash contributed by the member(s) is \$400,000.00*
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$-0-. A description of the property is attached and made a part hereto.*
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$400,000.00. This total includes amounts from 2 and 3 above.*

  
*Signature of a member or authorized representative of a member*  
*(in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*  
*J. Scott Morrison, Member*

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT IN THE STATE OF FLORIDA.**

1. *The name of the limited liability company is*

*SHAMROCK VILLAGE, L.C.*

2. *The name and address of the registered agent and office is*

*Capital Connection, Inc.  
417 E. Virginia Street  
Tallahassee, Florida 32301*

*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.*

DATED: 1/29/98

*Capital Connection, Inc.*  
*Della Roberts*  
\_\_\_\_\_  
Registered Agent

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