

L99000006987

October 19, 1999

Sharolie Nicols  
#141 - 502 South Florida Avenue  
Tarpon Springs, Florida  
34689

Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32399

500003020025--2  
-10/20/99--01083--003  
\*\*\*160.00 \*\*\*160.00

Dear Sir or Madam:

Please accept this letter as my application for a Florida Limited Liability Company.

I am enclosing Articles of Organization for Florida Limited Liability Company and a money order in the amount of \$160 to cover the following:

- \$100 Filing Fee for Articles of Organization
- 25 Designation of Registered Agent
- 30 Certified Copy
- 5 Certificate of Status

If you have any questions, please contact me at the following address:

Sharolie Nicols  
#141 - 502 South Florida Avenue  
Tarpon Springs, Florida  
34689

Phone: 727-939-9059  
Fax: 727-934-3499

Would it be possible to fax a copy of the Articles of Organization Certificate Status when it is complete as I would like to open a bank account as soon as possible.

Thank you for your assistance.

Sincerely,

*Sharolie Nicols*  
Sharolie Nicols

FILED  
99 OCT 20 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JP 10-20-99*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHIBO ORIGINAL DESIGNS LLC

**ARTICLE II - Address:**

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

8141-502 S. FLORIDA AVENUE  
TARPON SPRINGS, FLORIDA  
34689

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

SHAROLIE NICOLS  
Name  
8141-502 S. FLORIDA AVE  
Florida street address (P.O. Box **NOT** acceptable)  
TARPON SPRINGS FL 34689  
City, State, and 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 608, F.S..*

*Sharolie Nicols*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Sharolie Nicols*  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHAROLIE NICOLS  
Typed or printed name of signee

99 OCT 20 AM 10:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)