M 090000 2435

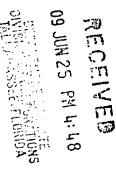
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





200157517102

06/26/09--01001--030 **155.00



B. KOHR
JUN 2 6 2009

EXAMINER

O9 JUN 25 AM 8: 15
SECRETARY OF STATE
TALLAHASSEE FI OBILA

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST, PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** TRICIA TADLOCK DATE: 06/25/09 **REF. #:** 0916.106333 CORP. NAME: SHC CONSTRUCTION SERVICES, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () WITHDRAWAL () MERGER () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 530766 FOR \$ 155.00. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

Examiner's Initials

(XX) CERTIFIED COPY

() CERTIFICATE OF STATUS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	SHC Constr	uction Serv	ices LLC	
(Name of Foreign Limited	Liability Company: mus	it include "Limite	d Liability Company." L.L.C	or "LLC.")
ame unavailable, enter altern	ate name adopted for the	purpose of transc	ncting business in Florida and ar	inch a copy of the wri
ent of the managers or manag	ging members adopting the	he alternate name	. The alternate name must inclu	de "Limited Liability
ipiany," "L.L.C," "LLC.")				•:
Delaw		3.	26-2834185	
orisdiction under the law of v	vhich foreign limited liab	sility	26-2834185 (FEI number, if applicat	ole) .
ompany is organized)				400 TO
June 9, 2		5	Perpetual	2 C
(Date of Organi	zation)	(Durar	tion: Year limited liability comp or "perpetual")	any will dease to
		C,CISC C		To the second
Upon filing				
(Date (See se	c first transacted business ections 608.501 & 608.5	s in Florida, if pri 02 F.S. to determ	or to registration.) ine penalty liability)	200
•				ON.
2979 PGA Blvd.		,		
Dalm Basah Cardona	EI 22440	•		*
Palm Beach Gardens,	FL 334 IU /Street A	ddress of Principa	d Office)	
	(
If limited liability compa	inv is a manager-mar	naged company	y, check here 📝	
			ر ا	
The name and usual busi	ness addresses of the	: managing me	imbers or managers are as	follows:
I D Manager I C				
LP Manager, LLC		·		
2979 PGA	Blvd.			
0101	7	<u></u>	72/.6	
YAIM DEACH	GARDENS,	, PL.	33410	
17	/			
Attached is an original certifica	ae of existence, no more th	ıan 90 days old. da	dy authenticated by the official ha	eving custoch of record
-		*	epuble. If the certificate is in a fo	
slation of the certificate under o			,	0 0 0
Nature of business or m	urposes to be conduc	ied or promote	ed in Florida:	
tratine of our meas of pr			niono	
Traume of Justiness of p	/ Drouido co		avices.	
Plantie of Quantess of p	/ Provide co	nstruction se		
	Provide co	Alam.		
Signs	fure of a member or	an authorized	representative of a membe	r.
Signs In acc	Aure of a member or ordinace with section 608.40	an authorized		r.

Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Lir	nited Liability Compa	any is:	
	SHC Constru	uction Services, LLC	· · · · · · · · · · · · · · · · · · ·
If unavailable, the alter	nate to be used in the	state of Florida is:	
2. The name and the F	lorida street address c	of the registered agent and office a	ire:
	Registered	d Agent Solutions, Inc.	
		(Name)	
153	5 Office Pl	YAZA Dr., SuitE 1	4
	Florida Street Addı	ress (P.O. Box NOT ACCEPTABLE)	
T	MA hassee	FL 32301	
		City/State/Zip	
liability company at the agent and agree to act relating to the proper a obligation of my positi	place designated in th in this capacity. I furth nd complete performa	Designation of Registered Age	ppointment as registered ions of all statutes with and accept the orida Statutes.
,	\$ 5.00	Certificate of Status (optional)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHC CONSTRUCTION SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHC CONSTRUCTION SERVICES, LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DATE: 06-25-09