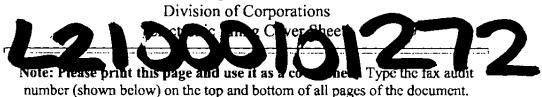
Florida Department of State



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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 : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SHANEANDNINA FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:				
•	•		_		
	ShaneAn				
(Must conta	in the words "Limited Lie	ability Compa	ny, "LL.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	ce of the Lim	ited Liability Company is:		
Principal Office Address:			Mailing Address:		
401 N. Carroll Avenue		401	401 N. Carroll Avenue		
Suite 165		Sui	Suite 165		
Southlake, Texas 76092		Soi	Southlake, Texas 76092		
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registration.) ddress of the registered as) gent are:			
Capitol Corporate Services, Inc.					
515 East Park Avenue 2nd Fl					
	Florida street address (P.O. Box NOT acceptable)				
	Tallahassee FL	32301			
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obt	I hereby accept the appoint ovisions of all statutes relating ations of my position as	ntment as regi- ting to the pro- registered ago	ntered agent and agree to a oper and complete perform	ct in this capacity. I nnce of my duties, and ter 605, F.S st. Sec. on beha	ı alf of
	((CONTINUE	D)	ı ·	2021 MAP

Title: "AMBR" = Authorized Member	Name and Address:
MGR = Manager MGR	Shane Pryor 401 N. Carroll Avenue, Suite 165 Southlake, Texas 76092
	
(Use attachment if necessary)	<u> </u>
the date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Tub)
Signature This document is I am aware that a	of member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Shane Pryor	<u> </u>
	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)