

**L08000034824**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000087984 3))



H080000879843ABCB

**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) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 APR - 7 AM 8: 42

FILED

RECEIVED

08 APR - 7 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ebusiness scoop LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

**T. CLINE**  
Help  
APR - 8 2008

**EXAMINER**  
4/7/2008

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **ebusiness scoop LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1002 Balaye Vista Circle, #103, Tampa, FL 33619.**

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

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

**Agents and Corporations, Inc.  
300 Fifth Avenue South  
Suite 101-330  
Naples, FL 34102**

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.

**Agents and Corporations, Inc.**

*[Signature]*  
By: **John L. Williams, Vice President**

**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.

**ARTICLE V – Manager:**

The initial Manager(s) of the Limited Liability Company shall be:

**Andrew Shelton**

**Blair Stephens**

*[Signature]* *[Signature]*

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.)

*Andrew Shelton*

*Blair Stephens*

Typed or printed name of signee

*[Signature]*

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 APR -7 AM 8:42

FILED