

M 24000001750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

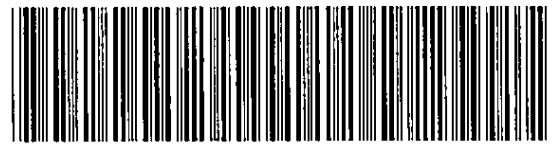
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB - 8 PM 4:08
SECTION 609.01, JAIF
TALLAHASSEE, FL

C. ... 23

FEB 13 2024

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHOPPERSCHOICE COM, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Louisiana 72-1412133
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T.I. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8151 Airline Hwy. 6. 8151 Airline Hwy.
(Street Address of Principal Office) (Mailing Address)

Baton Rouge, LA 70815 Baton Rouge, LA 70815

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: Russ Wheeler
 Member Address: 8151 Airline Hwy
 Authorized Person Baton Rouge, LA 70815
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Michael Giambrone
 Member Address: 8151 Airline Hwy
 Authorized Person Baton Rouge, LA 70815
 Other _____ Other _____

Manager Name: Chase Shelton
 Member Address: 8151 Airline Hwy
 Authorized Person Baton Rouge, LA 70815
 Other _____ Other _____

Manager Name: Erin Ryan
 Member Address: 8151 Airline Hwy
 Authorized Person Baton Rouge, LA 70815
 Other _____ Other _____

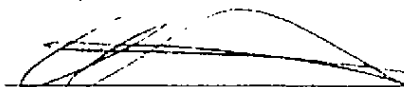
Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized Person _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

SHOPPERSCHOICE.COM, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 25, 1998,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 8, 2023

Secretary of State

Web 34614464K



Certificate ID: 11805222#F5D52

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov