

L05000031638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

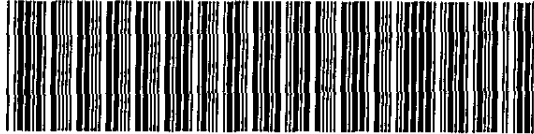
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500048742645

03/28/05--01064--014 **125.00

FILED
05 MAR 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

L03/31/05

yp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GoshopMall LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah DeFlumert
(Name of Person)

GoshopMall LLC
(Firm/Company)

3381 BE LAKE RD
(Address)

Palm Harbor Florida 34685
(City/State and Zip Code)

FILED
05 MAR 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

SARAH DeFlumert at (727) 824-7744
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GoShopMall LLC

ARTICLE II - Address:

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

Principal Office Address:

GoShopmall LLC
334 East LAKE Road #148
Palm Harbor FL 34685

Mailing Address:

GoShopmall LLC
334 East Lake Road #148
Palm Harbor FL 34685

FILED
05 MAR 2008 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

Sarah DeFlumeri
Name

334 East Lake Road #148
Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor FL 34685
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.

Sarah DeFlumeri
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SARAH DEFUMERI
2957 Buttonbush Ct.
Paia Harbor FL 34684

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Sarah DeFumeri
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.)

SARAH DEFUMERI
Typed or printed name of signee

FILED
05 MAR 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)