# 05000001420

(Requ	estor's Name)	
· (Address)		
(Address)		
(City/s	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Fili	ing Officer:	

Office Use Only



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W. Hongse



### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Products Cone (Name of Limite	Chepe Com, L. d Liability Company)	LC
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Elizabeth to	Name of Person)	
Accord Psycholog	ical Toc Firm/Company)	
501 Goodlette \$	Address)	<u>.</u>
Naples	F1. 34102 State and Zip Code)	<del></del>
For further information concerning this matter, please	call:	
Steven Nunnally (Name of Person)	at (239) 878 (Area Code & Daytime Te	23/0
Enclosed is a check for the following amount:		
\$125.00 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:	MAILING AT	DRESS:

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

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:
Products Gone Cheap. com, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Products Gone Cheap Com, LLC Same Elizabeth Harrison  Sold on a lette Rd. North # Dloo  Naples, Fl 34102  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  Elizabeth Harrison  Name  501 From lette Rol Morth # D100  Florida street address (P.O. Box NOT acceptable)  Name  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
Clinabeth Harrison  Registered Agent's Signature
(CONTINUED)

Page 1 of 2

## 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:
MGRM	Elizabeth Harrison 501 Good lette Rd North #D100 Naples Fl 34102
MGRM	Steven Nunnally 1735 Brantley - Rd #305 Ft Myers, Flo 33988
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of member o	h Hornson  r an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
	beth Harrison I 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)