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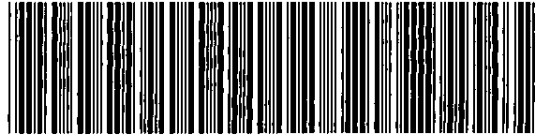
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECLECTIC EMPORIUM, 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:

LOREEN MONDELLO

Name of Person

Eclectic Emporium, LLC

Firm/Company

158 W. BAY DRIVE

Address

LARGO, FL 33770

City/State and Zip Code

LMONDELLO@TAMPA BAY.FL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOREEN MONDELLO

Name of Person

at (727) 584-7974

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
FOR
ECLECTIC EMPORIUM, LLC

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida do hereby adopt Articles of Organization as follows:

ARTICLE I

The name of the Limited Liability Company is and shall be
ECLECTIC EMPORIUM, LLC

ARTICLE II

The mailing and street address of the Limited Liability Company is and shall be
158 W. Bay Drive, Largo, FL 33770.

ARTICLE III

The Registered Agent is and shall be
Loreen Mondello
And the address of the registered office of the LLC is and shall be
13225 101st Street, Lot 488, Largo, FL 33773.

Having been named the 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 308, F. S.



Registered Agent's Signature

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10 JUN 25 AM 8:34
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV

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

MGRM Loreen Mondello
 13225 101st Street, Lot 488
 Largo, FL 33773

MGRM James Cobler
 1548 S. Missouri Ave., #161
 Clearwater, FL 33756

ARTICLE V

The effective date shall be the date of filing.

REQUIRED SIGNATURE:

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.)



Signature of Loreen Mondello, Managing Member

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10 JAN 25 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA