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(Requestor's Name)

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(City/State/Zip/Phone #)

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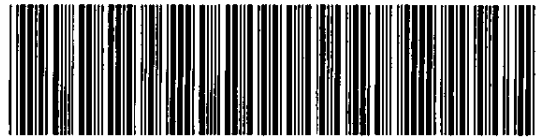
Special Instructions to Filing Officer:

**L. SELLERS**

APR 12 2010

**EXAMINER**

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**FILED**

10 APR -9 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UEDA L.L.C  
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:

DAVID BOSCO

Name of Person

Firm/Company

841 3RD AVENUE NW

Address

LARGO, FLORIDA 33770

City/State and Zip Code

INFO@SHOPOPHILIA.COM

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

For further information concerning this matter, please call:

DAVID BOSCO

Name of Person

at ( 727 )

804-5562

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UEDA L.L.C

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

841 3RD AVENUE NW  
LARGO, FLORIDA 33770

**Mailing Address:**

841 3RD AVENUE NW  
LARGO, FLORIDA 33770

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID M. BOSCO

Name

841 3RD AVENUE NW

Florida street address (P.O. Box **NOT** acceptable)

LARGO FL 33770

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**FILED**  
**10 APR -9 PM 1:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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

ERIC BOSCO

PO BOX 7398

SEMINOLE, FLORIDA 33775

MGRM

DAVID M. BOSCO

841 3RD AVENUE NW

LARGO, FLORIDA 33770

MGRM

UMAR D. FRANCIS

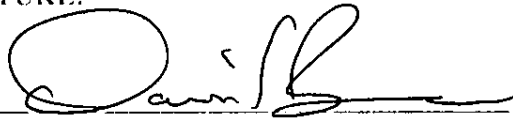
2553 CORDOVA WAY

ST. PETERSBURG, FL 33712-4153

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: APRIL 7, 2010. (OPTIONAL.)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED 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.)

David M. Bosco

Typed 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)