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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filiag Officer		
Special Instructions to Filing Officer:		
L. SELLERS		
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EXAMINER		

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SECRETARY OF STATE
MALLAHASSEE FLORINA

COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joaquin Hernander Name of Person Firm/Company E-mail address: (to be used for their annual report notification) For further information concerning this matter, please call: Ogquin Hernander at (954) 234-6/08 Name of Person at (954) Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **2**\$130.00 Filing Fee & □\$125.00 Filing Fee **□**\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Conv (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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gadget Guide L. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
7257 NW 63 Torr Portland FL 33067	7257 NW 63 T. Partland FL 3306	<u>ir</u> 7
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re		
Vooquin Her	nander	
	ress (P.O. Box <u>NOT</u> acceptable)	
Partiand City, State	FL 33067 c, and Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	nis certificate, I hereby accept the . I further agree to comply with the formance of my duties, and I am J	appointment as he provisions of a familiar with and
Registered Agent's Signatu	ure (REQUIRED)	FS T
(CONTI) Page 1	•	JUN-1 PH 1:1 CRETARY OF STA

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 6/1/2010 (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.) 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)