# L1100031534

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

J. BRYAN

MAR 1 5 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
<sub>SUBJECT:</sub> Shopeatdo.c	om LLC
	Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Dana C Loncar	
<u> </u>	Name of Person
Shopeatdo.com	LLC
	Firm/Company
1184 Fern Avenu	ie Zee 📜 🛪
	Address EE E
Orlando, FL 32814	<u> </u>
danaloncar@yahoo.	City/State and Zip Code
	dress: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Dana C Loncar	at ( 407 ) 808-3441
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ving amount:
\$125.00 Filing Fee \$130.00 Certific	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, ate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limit

The name of the Limited Liability Company is:

# Shopeatdo.com LLC

(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:	Mailing Address:	
1184 Fern Avenue	1184 Fern Avenue	
Orlando, FL 32814	Orlando, FL 32814	_

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:

Dana C L	oncar.
	Name
1184 F	ern Avenue
	Florida street address (P.O. Box NOT acceptable)
Orlando	<sub>FL</sub> 32814
	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)

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:
MGR	Dana C Loncar
	1184 Fern Avenue
	Orlando, FL 32814
	Fo. A
MGR	Carin Anderson
	5156 Fairway Oaks Dr
	Windermere, FL 34786
	ER 2
·	SEE FILOS
	<del></del>
	<b>∵</b>
(Use attachment if necessary)	
	4 1 CGP 3/07/11 (OPTIONAL)
CLE V: Effective date, if other than	n the date of filing: 3/07/11 (OPTIONAL)
	ust be specific and cannot be more than five business days p
0 days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	
	$\cap$
	Jua Foncer
Signature of a m	June Lancus  Jember or an authorized representative of a member.

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

### 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)