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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000275287 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

: (305)552-5973

Phone

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Persi 1	Address:

### FLORIDA LIMITED LIABILITY CO. **EPOSTAL SHOP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

K. SALY EXAMINER NOV 2 2 2011

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
EPOSTOL_SHOP_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:
7311 NW 12th St #14 13917 SW 38th St Fliam, 18 33126 Mian, 18 33175
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 arc:
Andrew Genmell FR = +
Name 2
7311 NW DW & #14 883 - 1
Florida street address (P.O. Box NOT acceptable)
HIAMI B 33126 95 0
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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# H11000275287

<u>litle:</u> MGR" = Manager MGRM" = Managing Mem	Name and Address:
1 GRM	Andrew Gemmell 13917 5W 20 mgt
MGRM	LILA NAUPRATE  139A SW 28h St
	Miami, R 33175
Y	
	er than the date of filing: (OPTION to must be specific and cannot be more than five business of (.)
EV: Effective date, if othe ective date is listed, the date is lays after the date of filing REQUIRED SIGNATURE	or than the date of filing: (OPTIOI te must be specific and cannot be more than five business of (i.)

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