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SECRETARY OF STATE
TALLAHASSEE, FLORIFA

## **COVER LETTER**

TO: Registration Division of C				
<sub>SUBJECT:</sub> Frien	dly Shopper LLC			
		ed Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
Vanessa	a Brown			
Name of Person				
	·	Firm/Company		
P.O. Box	v 82558	·	•	
1.0.00	( 02000	Address		
Tampa, FI	. 33682			
		y/State and Zip Code		
vanbrowne	67@gmail.com  E-mail address: (to be used)	for future annual report notification	)	
For further information	n concerning this matter, please	e call:	·	
Vanessa Brown		at (813 ) 784-397	0	
Name	e of Person	Area Code & Daytime T	elephone 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
Friendly Shopper LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6020 Knollwood street	P.O. Box 82558
	P.O. Box 82558 Tampa, Fl 33682
6020 Knollwood street	

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

Name

12202 n15th street apt 803

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

Tampa

FL 33612

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

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11 DEC 27 AM 1: 88

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TALLAHASSEE, FI ORIDA

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	Vanessa Brown
	12202 n 15th street apt 803
	Tampa, Fl 33612
MGR	Barbara Teartt
<del></del>	6020 Knollwood street
	Ridge Manor, FI 33523
	**************************************
(Use attachment if necessary	
	r than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days prior
or 90 days after the date of filing.	)
<u>REQUIRED</u> SIGNATURE	
N	/
	War a da a Ban
Signature of	f a member or an authorized representative of a member.
	·
	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.
	false information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.)
Vaness	sa Brown
	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)