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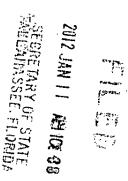
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. CLINE

JAN 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Division of	on Section Corporations						
SUBJECT: Get	Social Mania LLC						
	Name of Limit	ed Liability Con	npany				
The enclosed Article	s of Organization and fee(s) are	submitted for fil	ling.				
Please return all corr	respondence concerning this mat	ter to the follow	ing:				
lohn Δ	. Garofano III						
JOHN A	. Oarolano III	Name of Person					
 		Firm/Company					
13414	Kane Road						
	tano rioda	Address	<u> </u>				
Control II	:II EL 24000						
Spring H	ill, FL 34609	y/State and Zip Co					
getsocialr	mania@gmail.com	<i>yrotate tale 221</i> p e					
900000	E-mail address: (to be used	for future annual r	eport notification	n)	1200	- 23	
For further informati	on concerning this matter, please	e call:			を記る	BIZ JAN II	14.77.w
John A. Garofa	ano III	at (352	232-085	52	13.55 13.55		[7,50) [
Na	me of Person		ode & Daytime T	elephone Number	- 	<u>a</u>	- E7
Enclosed is a check	c for the following amount:				MAIN TANK	28 XX IX	E
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified (additional co		\$160.00 File Certificate Certified C	of Statu opy	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle			

ARTICLES OF ORGANIZATION FUR	FLORIDA LIVII I ED LIABII	LITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Get Social Mania LLC		
(Must end with the words "Limited Lia	ability 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:	
13414 Kane Road	13414 Kane Road	
Spring Hill, FL 34609	Spring Hill, FL 34609	
		
The name and the Florida street address of the		
Nar	ne	
13414 Kane Ro	ad	
Florida street	address (P.O. Box NOT acceptable)	
Spring Hill	_{FL} 34609	
City,	State, and Zip	
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept city. I further agree to comply wi performance of my duties, and I	the appointment as ith the provisions of all am familiar with and
accept the obligations of my position as re	gisiereu ugerii us provideu jor in	Chapter 5000, F.S.:. 2012 JAN

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John A. Garofano III 13414 Kane Road Spring Hill, FL 34609
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the end of the constitutes an affirmation under I am aware that any false information.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
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\$ 5.00 Certificate of Status (Optional)