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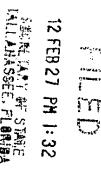
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EXAMINER



300222969553

02/27/12--01039--018 **160.00



COVER LETTER

Division of Corporations				
SUBJECT: Phil Good Collectibles, LLC.				
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Philip M Ross Name of Person				
Philosod Collectibles, LLC Firm/Company				
22083 Nadella Ave Address				
Boca Raton, FL 33433 City/State and Zip Code Philgs AWeb @ Ughor, Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
at () Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\times 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phil Good Collectibles, 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:			
2083 Martella Ave Boca Raton, FL 33433	22083 Martella Baca Rater, FL 3	Ave 33433		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
	ress (P.O. Box NOT acceptable) FL 33433 Ite, and Zip	S PARE	12 FEB 27 PM 1: 32	
	his certificate, I hereby accept the I further agree to comply with Formance of my duties, and I am stered agent as provided for in Claure (REQUIRED)	e appointn the provis familiar	ment as sions of all with and	
(CONTINI	ue <i>v)</i>			

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Philip M ROSS 22083 Martella Au Boca Raton, FL 33433
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false informations constitutes a third degree felony	7.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
- Philip Ty	ped 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)