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12 JUN 22 AM II: 58

D. BRUCE

JUN 26 2012

EXAMINED

COVER LETTER

	on Section f Corporations			
SUBJECT:	STROLLERS	AND GROCERIES, ited Liability Company	LLC	
	Name of Lim	ited Liability Company		
The enclosed Articl	es of Organization and fee(s) are	e submitted for filing.		
Please return all cor	теspondence concerning this ma	itter to the following:		
	BRIAN	SIDWAR Name of Person		
	•	Name of Person	·	
	STROLLERS	AND GROCERIES,	llc	
		. ,		
	5560 NEW	INDEPENDENCE PAR	KWAY	
	WAITED GAR	SEN EL RUMPH		
	C.	DEN, FL 34787 ity/State and Zip Code	······	
	NSIDWA	for future annual report notification)		_ Z =
	E-mail address: (to be used	for future annual report notification)		VISI VISI
For further informat	tion concerning this matter, please	se call:		SE S
NICOLE	SIDWAR ame of Person	at (814) 591 - Area Code & Daytime Tele	7429 phone Number	DIVISION OF CORPORATIONS 12 JUN 22 AM II: 58
				STATE RATIC
Enclosed is a chec	k for the following amount:			SK
3125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Address		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1	-	Nam	e
	_			

The name of the Limited Liability Company is:

Strollers and Groceries, 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:

5560 NEW INDEPENDENCE PKWY WINTER GARDEN, FL 34787

5560 NEW INDEPENDENCE PKWY WINTER GARDEN, FL 34787

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:

BRIAN SIDWAR Name

5560 NEW INDEPENDENCE PARKWAY

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

WINTER GARDEN, FL 34787

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

FEFECTIVE DATE 1/2

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

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

MGRM	BRIAN SIDWAR
	5560 NEW INDEPENDENCE PKWY
	WINTER GARDEN, FL 34787
MGRM	NICOLE SIDWAR
	5560 NEW INDEPENDENCE PKWY
	WINTER GARDEN, FL 34787
Jse attachment if necessary)	
	han the date of filing: <u>6 / スェ / スロノス</u> . (OPTIC

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document 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.)

> BRIAN E. SIDWAR 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)