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(Re	equestor's Name)	<u> </u>
. (Ac	ddress)	-
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE 01-01-13

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B. BOSTICK NOV **2 6** 2012 EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

ShoppersFirst Consulting, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corresp	condence concerning this mati	er to the following	ζ;			
Krister	Nostrand					
		Name of Person				
Shopp	ersFirst Con	sulting,	LLC			
		Firm/Company				
350 Be	eachfront Tra	ail #1				
		Address		•	₹.	
Santa	Rosa Beach	, FL 32	459		A	12 <u>전</u>
	•	y/State and Zip Cod	le		>	221
kmnostra	ind@yahoo.com					
	E-mail address: (to be used	for future annual rep	ort notification)		Ĺ,٬	P
For further information	concerning this matter, please	call:			Ę	.ET
Kristen No	ostrand	at (850	902-5	559	SEE, FLORIDA	14:4 Wd
Name	of Person	Area Cod	e & Daytime Telep	hone Number		
Enclosed is a check for	or the following amount:					
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Fili Certificate of Certified Co (additional co	of Status	s &

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa		
ShoppersFirst Consulting, LLC		
(Must end with the words "Limited	d 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:	
350 Beachfront Trail #1	350 Beachfront Trail #1	
Santa Rosa Beach FL 32459	Santa Rosa Beach, FL 32459	
		-
	stered Office, & Registered Agent's Signa Registered Agent. You must designate an individual se a	nother
(The Limited Liability Company cannot serve as its own	n Registered Agent. You must designate an individual of a	nother_1
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Debi Price	Registered Agent. You must designate an individual be an	nother 2
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Debi Price	Registered Agent. You must designate an individual be an	nother 2
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Debi Price	Registered Agent. You must designate an individual be an	nother 2
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Debi Price 336 Lakeview Drive	Registered Agent. You must designate an individual be an	nother 2
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Debi Price 336 Lakeview Drive	Registered Agent. You must designate an individual pean of the registered agent are: Name eet address (P.O. Box NOT acceptable)	nother 2

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

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

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

MGR	Kristen Nostrand	
10011	350 Beachfront Trail #1	
	Santa Rosa Beach FL 32459	
MGR	Dan Peterson	
	848 Miamiridge Drive	
	Loveland OH 45140	
		TAHAS SEE
(Use attachment if necessary)		FLORID
LE V: Effective date, if other than the	ne date of filing: January 1, 2013	. (OPTIONA

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.)

Kristen Nostrand

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)



November 6, 2012

KRISTEN NORSTRAND 350 BEACHFRONT TRAIL #1 SANTA ROSA BEACH, FL 32459

SUBJECT: SHOPPERS FIRST CONSULTING LTD. LLC

Ref. Number: W12000056455

We have received your document for SHOPPERS FIRST CONSULTING LTD. LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 212A00027022