

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000090862  
FILED 8:00 AM  
June 25, 2013  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
SHOEEUPHORIA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
303 NE 5TH ST  
HAVANA, FL. 32333

The mailing address of the Limited Liability Company is:  
303 NE 5TH ST  
HAVANA, FL. 32333

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
COREY CAMERON  
541 E TENNESSEE ST  
STE 112  
TALLAHASSEE, FL. 32308

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.

Registered Agent Signature: COREY CAMERON

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
LESLIE D COLLINS  
303 NE 5TH  
HAVANA, FL. 32333

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/24/2013

Signature of member or an authorized representative of a member

Electronic Signature: LESLIE COLLINS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.