#1/3000/2/3/0

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000251011300

EFFECTIVE DATE

08/26/13--01041--030 **125.00

HILED

13 AUG 26 PM 2: 53

SECRETARY OF STATE
TATE ANASSEE FLORING

K. SALY EXAMINER AUG 27 2013 (850) 245-6051.

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	Pron	noStreet.com	, LLC		
SUDJ	EC1:		ted Liability Com	pany	
The en	nclosed Articles o	f Organization and fee(s) are	submitted for filir	ng.	
Please	return all corresp	ondence concerning this matt	ter to the followin	ıg:	
	Philip F	ry			
	•		Name of Person		
	Carpe I	Diem Sales &	Marketi	ng	
			Firm/Company		
	4560 30	6th Street			
			Address		
	Orlando	o, FL 32811			
			ty/State and Zip Co	de	
	pfry@cart	Dedieminc.com E-mail address: (to be used	for future annual re	nort notification)	
For for	ath an information	·		port nouncation)	
		concerning this matter, please		000 4	400
Ph	il Fry		_ _{at (} 407	_{_)} 682-1	
	Name	of Person	Area Coo	de & Daytime Tele	phone Number
Enclo	sed is a check fe	or the following amount:			
Ø \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	•	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Address ation Section n of Corporations Building xecutive Center C ssee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 8-21-203
PromoStreet.com, LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4560 36th Street	4560 36th Street
Orlando, FL 32811	Orlando, FL 32811
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Philip Fry	ress (P.O. Box NOT acceptable) FL te, and Zip
Name	
4560 36th Street	328
Florida street addr	ress (P.O. Box NOT acceptable)
Orlando, FL 32811	FL ES 2
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	recept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S

(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:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing l	Name and Address: Member
	MGMR	Philip Fry
		4560 36th Street
		Orlando, FL 32811
	MGMR	Michael Giordano
		4560 36th Street
		Orlando, FL 32811
		44
•		
	(Use attachment if nece	ngami)
(If aı		other than the date of filing: 8/21/13 . (OPTIONAL) he date must be specific and cannot be more than five business day te of filing.)
(If aı	ICLE V: Effective date, if a effective date is listed, to or 90 days after the da REQUIRED SIGNAT	other than the date of filing: 8/21/13 . (OPTIONAL) he date must be specific and cannot be more than five business day te of filing.) URE:
(If aı	ICLE V: Effective date, if a effective date is listed, to or 90 days after the da REQUIRED SIGNAT	other than the date of filing: 8/21/13 . (OPTIONAL) he date must be specific and cannot be more than five business day te of filing.)
(If aı	ICLE V: Effective date, if a effective date is listed, to or 90 days after the da REQUIRED SIGNAT Signate (In accordance constitutes an a I am aware tha	other than the date of filing: 8/21/13 . (OPTIONAL) he date must be specific and cannot be more than five business day te of filing.) URE:
(If aı	ICLE V: Effective date, if a effective date is listed, to or 90 days after the da REQUIRED SIGNAT Signate (In accordance constitutes an a I am aware tha	other than the date of filing: 8/21/13 . (OPTIONAL) he date must be specific and cannot be more than five business day te of filing.) URE: ure of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.)

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)