Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000244426 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Excom:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (305)599-0839

Fax Number

: (305)592-9591

**Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one orall to Email Address:

FLORIDA LIMITED LIABILITY CO.

SHIP IT PSL LLC

0
1
02
\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV - 5 2013

https://efile.suphiz.org/scripts/efileour.eve

T. BROWN

TALLAHETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

SHOP IT PSL LLC

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address: 3069 Port St. Lucie Blvd. Port St. Lucie, FL 34953 Mailing Address: 3069 Port St. Lucie Blvd. Port St. Lucie, FL 34953

ARTICLE 111 - 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 FL registration.)

The name and the Florida street address of the registered agent are:

Kenneth Macphee 335 SW Aero Circle Port St. Lucie, FL 34953

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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

ARTICLE IV - Manager(s) or Managing Member(s);
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Kenneth Macphee 335 Sw Aero Circle Port St. Lucie, FL 34953

Managing Member

Ellen Lopez

3069 Port St. Lucie Blvd. Port St. Lucie, FL 34953

ARTICLE V - Effective date, if other than the date of filing: October 31, 2013 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Required Signature:

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3) Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kenneth Macphee

typed or printed name of signee