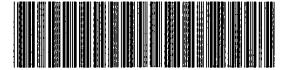
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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2014 APR -9 PM 4: 06

SECRETARY OF STATE

K.SALY EXAMINER APR 10 2014

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Two	Men and A De Name of Limi	09 - THE Co.	nsignment Store
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Robert N.	<u>Lasale</u> Name of Person	
			signment Store
79.	27 Plantati	on Lakes Dri	ve
		Address	,
Po	rt St. Luci	IC FL 3498 ty/State and Zip Code	6
	VCASALE @	O AOL . COM for future annual report notific	
•	E-mail address: (to be used	for future annual report notific	eation)
For further information	concerning this matter, pleas	se call:	
Robert Ca	<u>sale</u> at (at (at (at (at (at (at (at (_at (8/7) 7/5 - 7/5 Area Code Daytime To	23 elephone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &

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

Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 4-7-2014
Two Men and A Dog - THE Co (Must end with the words "Limited L	indigraphent. Store LLC indigital company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi-	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7927 Plantation Lakes Dr Port St. Lucie Florida 34986	same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Robert N. Cas	gent are: Sale The second of
	1/ 3 SS 19 F
7927 Plantation Florida street address (P.O. Box N	OT acceptable)
Part St Lucie	
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.
Registered Agent's Signatur	de (REQUIRED)
(CONTINUEI	D)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Robert N Casale
	Part St Lucie FL 3498
MGR	James D Balzotti
	1306 Marsh Terrace
	TOTE SE RUCTE FL 34
Use attachment if necessary)	
tive date is listed, the date must be spe	of filing: April 7, 2014 (OPTIONAL) cific and cannot be more than five business days prior to or
ctive date is listed, the date must be spe f filing.)	of filing: <u>April 7, 2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any.	of filing: April 7, 2014 (OPTIONAL) cific and cannot be more than five business days prior to or s
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Extive date is listed, the date must be spe (I filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 605	mber or an authorized representative of a member.
EVI: Other provisions, if any. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
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