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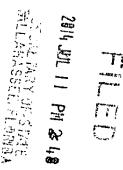
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUL 1 5 2014
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COVER LETTER

	ration Section on of Corporations		
SUBJECT: _		nopaholics Paradise, LLC ited Liability Company	
The enclosed A	rticles of Organization and fee(s) are	e submitted for filing.	
Please return al	correspondence concerning this ma	tter to the following:	
		Robin Brown	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		Name of Person	
	Shoo	aholics Paradise,, LLC	
	Sile	Firm/Company	
	1	439 Classic Oak Road W	
		Address	
			· · · · · · · · · · · · · · · · · · ·
		Jacksonville, FL 32225	
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	ednecks2@aol.com for future annual report notifica	ation)
D 0 1 1 6			,
For further into	rmation concerning this matter, please	se call:	
Dobin 5	rown at (at	904) 477-	7666
KODIII E	Name of Person		lephone Number
Enclosed is a c	neck for the following amount:		
l \$125.00 Filing	Fee \$\Bigcap\$\frac{1}{3}130.00\$ Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>Street/Courier Add</u>	ress
	Registration Section Division of Corporations	Registration Section Division of Corporate	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Shopaholics Paradise, LLC
(Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1439 Classic Oak Road W	1439 Classic Oak Road W
11	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florid	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or la registration.)
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florid	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or la registration.) ne registered agent are:
	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or la registration.) ne registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Florid	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or la registration.) ne registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva another business entity with an active Florida The name and the Florida street address of the	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or la registration.) re registered agent are: Robin Brown Name
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva another business entity with an active Florida The name and the Florida street address of the	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or la registration.) ne registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serva another business entity with an active Florida The name and the Florida street address of the	red Office, & Registered Agent's Signature: re as its own Registered Agent. You must designate an individual or la registration.) re registered agent are: Robin Brown Name 1439 Classic Oak Road W ss (P.O. Box NOT acceptable)

of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Robin Brown 1439 Classic Oak Road W Jacksonville, FL 32225	
1439 Classic Oak Road W	
1439 Classic Oak Road W	
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2:1	~;
Mar Info Maria	<u> </u>
the date of filing: (OPTIONAL)	<u> </u>
st be specific and cannot be more than five business days prior to or 9	0-days
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**	<u></u>
트 U. 의 국가	S
	
~ (*)	ــــــــــــــــــــــــــــــــــــــ
•	the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

. . .