

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>**L21000018422**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.

(((H21000018422 3)))



H210000184223ABCU

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) 617-6351

From: Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1698

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ESHOPYOO, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 15 2021
T. SCOTTFILED
2021 JAN 14 AM 10:43
STATE
FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

ESHOPYOO, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ESHOPYOO, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**327 CASTLEWOOD LN
ROCKLEDGE, FL. 32955**

The mailing address shall be:

**327 CASTLEWOOD LN
ROCKLEDGE, FL. 32955**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

SHAISTA MIRZA

327 CASTLEWOOD LN
Florida Street address (P.O.BOX NOT acceptable)
ROCKLEDGE, FL. 32955
City, State, and Zip

FILED
2021 JAN 14 AM 10:43
STATE
FLORIDA

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 as provided for in Chapter 605, F.S.

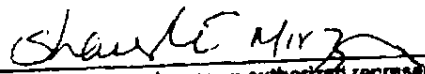

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SHAISTA MIRZA
327 CASTLEWOOD LN
ROCKLEDGE, FL. 32955

AMBR


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHAISTA MIRZA
Typed or printed name of signer