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Division of Corporations

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Account Name : HOMSI LAW, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: William@Homsilaw.com

**FLORIDA LIMITED LIABILITY CO.
RETAIL THERAPY DEPOT LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
RETAIL THERAPY DEPOT LLC**

ARTICLE I

The name of the Limited Liability Company is:
RETAIL THERAPY DEPOT LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:
315 TANGLE RUN BLVD., APT #1016
MELBOURNE, FLORIDA 32940

The mailing address of the Limited Liability Company is:
315 TANGLE RUN BLVD., APT #1016
MELBOURNE, FLORIDA 32940

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

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TALLAHASSEE, FLORIDA

H
HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com

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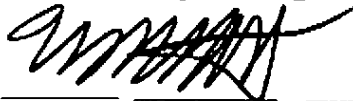
ARTICLE V

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

HOMSI LAW, P.A.
8815 CONROY-WINDERMERE ROAD
#402
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



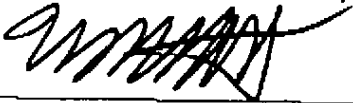
William M. Homs, President

The Members hereby delegate the management of the LLC to Manager(s).
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: CRYSTAL LYNN NESTLER

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homs, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

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