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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

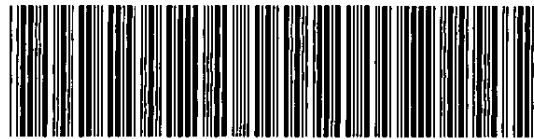
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 13 2009

EXAMINER

February 6, 2009

State of Florida
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: I Did It, LLC / FL - I Did It, LLC

Dear Sir or Madam:

Enclosed for filing on behalf of I Did It, LLC is one original and one copy of the Application for Certificate of Authority which includes the Consent to Adopt Alternative Name. Also enclosed is a firm check in the amount of \$125 which represents the filing fee for same.

Please return the filed Application for Certificate of Authority to me in the enclosed return envelope.

If you have any questions, please feel free to call.

Sincerely,



Carol Kohler
ckohler@gsbtlaw.com
512.767.7105 Direct

CSK:csk
Enclosures

GIORDANI
SCHURIG
BECKETT
TACKETT
LLP

100 CONGRESS AVE.
SUITE 2200
AUSTIN, TX 78701

P. 512.370.2720
F. 512.370.2730

WWW.GSBTLAW.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Did It, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Ms. Tracy Anderson

(Name of Person)

Giordani, Schurig, Beckett & Tackett, LLP

(Firm/Company)

100 Congress Avenue, 22nd Floor

(Address)

Austin, Texas 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Kohler

(Name of Person)

at (512) 767-7105

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 & Certified Copy

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**


We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of I Did It, LLC,
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Alaska.
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

FL - I Did It, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: February 6, 2009

Signature(s) of Manager(s) and/or Managing Member(s):
The Office, LLC, Manager * 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*Roseanne Giordani, Manager of The Office, LLC

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. I Did It, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FL - I Did It, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Alaska

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4091172

(FEI number, if applicable)

4. January 19, 2009

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. January 19, 2009

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2340 Periwinkle Way, Unit M-1

Sanibel, Florida 33957-3220

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

The Office, LLC

P.O. Box 300849

Austin, Texas 78703

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Artwork

Marvin J. Gralnick
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marvin J. Gralnick, Member

Typed or printed name of signee

FILED
2009 FEB 12 AM 10:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

2009 FEB 12 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

I Did It, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

FL - I Did It, LLC

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

James M. Costello

(Name)

2077 First Street, Suite 203

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

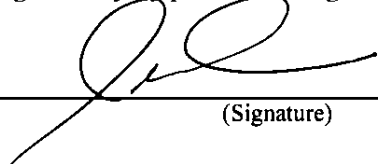
Fort Myers

FL

33904

City/State/Zip

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 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Alaska Entity # 120166

**State of Alaska
Department of Commerce, Community, and Economic
Development**

**CERTIFICATE
OF
GOOD STANDING**

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

I DID IT, LLC

on the 19th day of January, 2009 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 3rd day of February, 2009.

A handwritten signature in cursive script that reads "Emil Notti".

Emil Notti
Commissioner