

L14000075945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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05/05/14--01011--006 \*\*125.00

**EFFECTIVE DATE**  
5-1-14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY -5 PM 3:07  
**FILED**

MAY - 9 2014  
T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RETAIL BUSINESS SOLUTIONS L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Berte

Name of Person

RETAIL BUSINESS SOLUTIONS LLC

Firm/Company

480 Hibiscus St

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

dpberte@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Berte

Name of Person

at ( 215 ) 475 3610

Area Code

Daytime Telephone 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  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

EFFECTIVE DATE  
5-1-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RETAIL BUSINESS SOLUTIONS L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

480 HIBISCUS ST  
UNIT 241  
WEST PALM BEACH, FL. 33401

Mailing Address:

SAME AS PRINCIPAL  
OFFICE ADDRESS

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANIEL BERTÉ

Name

480 HIBISCUS ST UNIT 241

Florida street address (P.O. Box **NOT** acceptable)

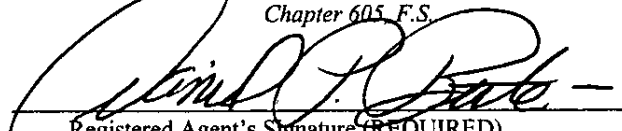
WEST PALM BEACH FL 33401

City

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 MAY -5 PM 3:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_ MGR

\_\_\_\_\_ AMBR

DANIEL BERTE  
480 HIBISCUS ST UNIT 241  
WEST PALM BEACH, FL 33401

\_\_\_\_\_ (SAME AS ABOVE)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 1, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Daniel P. Berte  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)