# L03000052640

(Requestor's Name)				
(Ac	dress)	3		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	· #)		
		_		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
On a stational state of	F-1-1			
Special Instructions to	Hilling Officer:			

Office Use Only





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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: BUY AND Sell Outlet LLC (Name of Limited Liability Company)	<u> </u>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TAMES C REDD (Name of Person)	
(Firm/Company)	
(City/State and Zip Code)	BIVISION OF COS
For further information concerning this matter, please call:  at (40) 829-015 (Area Code & Daytime Telephone Number)	AM 10: 20

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Buy AND Sell Outlet LLC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Buy + Sell outlet
909 Micamar St cape Goel FIA 101 HArbour 30NN' Dr Chester MD 21619
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Tommy VANNA plane 239-229-6928
2618 Shelby PArkway
Florida street address (P.O. Box NOT acceptable)
Cape Corel FL 33904  City, State, and Zip
City, State, and 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, F.S. Registered Agent's Signature

(CONTINUED)

ARTICLE IV	- Manager(s) (	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	JAMES CREDD		
	LOI HANDON SOMD Dr		
	Chaster MD 21619		
MGRM	Liliana N. REDD		
	101 HAR bour Some Der		
	Choster MD 21619		
(The etterhorest if managem)			
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is requested.		
REQUIRED SIGNATURE:			
0.	<b>A</b> •		
(James	C Redd		
	ber or an authorized representative of a member.		
(In accordance with s	section 608.408(3), Florida Statutes, the execution		
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			
	AMES C REDD		
	Typed or printed name of signee		
<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent			
	\$ 5.00 Certificate of Status (Optional)		