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TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>B</u> 6	est Deals LL (Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Rick Holt	Variety of Person)	nor-deservation se material security se
		,	
T	Best Deals	Firm/Company)	· · · · · · · · · · · · · · · · · · ·
· 	29049 Suga	e Island Ct.	
	Gibraltar (City	MI 48173 State and Zip Code)	
For further information of	concerning this matter, please of	call:	
Lisa Ho (Name	of Person)	at (734) (Area Code & Daytime Te	4-3022 lephone Number)
Enclosed is a check fo	r 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)
Regist	ET ADDRESS: ration Section	MAILING A) Registration S	ection

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

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:	
Best Deals LL	<u>.</u> C
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1227 Del Prodo Blud. Ste 202 Cape Coral FL 33990	29049 Sugar Tsland Ct. Gibraltar MI 48173
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
Ricky Holl Name	SECRE J
414 SE 7th	St. JAN 2
Florida street add	Iress (P.O. Box NOT acceptable)
City, State, a	<u> </u>
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

"MGR" = Manager "MGRM" = Managing Member M ← R	Frick Hollody 414 SE 7th St. Cape Coral FL 339	
MGR	Prick Holbdy 414 SE 7th St Capo Coral FC 339	
(Use attachment if necessary)		
-	be added if an effective date is requested.	
REQUIRED SIGNATURE:	Mullin	
Signature of a member	or an authorized representative of a member.	
of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjurysterein are true.) - Ky F Holbdy 2007 and or printed name of signee	
Filing Fees: \$125.00 Filing Fee for Articles of Organ	nization and Designation	Š