Florida Department of State
Division of Corporations
Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000053232 3)))



H070000532323ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PAUL SALVER, P.A.

Account Number: 120020000087 Phone: (954)389-1333

Fax Number : (954)389~1397

EB 28 AH 8: 36

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

· R & W OUTFITTERS, LLC

RECEIVED
7 FEB 28 AM 7: 20
SECRETARIL CF STATE
ALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

954-827-0113

p.2

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

R & W OUTFITTERS, LLC					
(Must end with the woods "Limited Liability Company, "Lin	nited Compa	ury" or the	issivouda sk	on "LLC." or	<b>⊤.</b> ¢,
ARTICLE II - Address:	i				

## Principal Office Address:

Malbag Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature; (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or snother business entity with an active Florida registration.)

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

WILLIAM H. RILEY

6135 N.W. 167 STREET, E-26 Florida street address (F.O. Box NOT acceptable)

MIAMI, FL 33015 City, State, and Zip

Having been named as registered agant 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 fundiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1of 2

9543891397 Jan & Bill Riley

954-827-0113

p.3

MGRM	WILLIAM H. RILEY 6135 N.W. 167 STREET, 5-28 MIAMI, FL 33015	<del></del>
MGRM	فيستنب وبالمناب والمناف	<del>-</del>
MGRM	MIAMI, FL 33015	
MGRM		
<del></del>	MARK A. WALKER	
•	6136 N.W. 167 STREET, E-28	<del>-</del>
	MIAMI, FL 33015	
		_
, , , , , , , , , , , , , , , , , , , ,		_ 
•		- <u>2</u> 8
The second of th	<u> </u>	- 놀욺
	<u> </u>	- A
		- HT
(Use attachment if necessary)		고유
	A CONTRACTOR OF THE CONTRACTOR	 유유
LK V: Effective date, if other than the office tive date is listed, the date must be	late of filing: FEBRUARY 26, 2007 (OPTI) specific and cannot be more than five business	
days after the date of filing.)	, i	and a ferm
•		
REQUIRED SIGNATURE:	,	

WILLIAM H. RILEY

(in accordance with section 508 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true?

Typed or printed name of signor