

LO800000 7573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

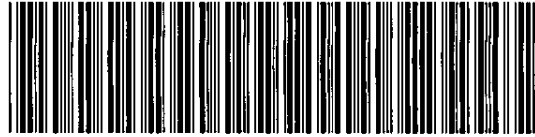
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500115477965

01/18/08--01006--013 \*\*155.00

RECEIVED  
08 JAN 18 11:10:56  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/15/08

B. KOHR

JAN 23 2008

EXAMINER

FILED  
08 JAN 18 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

CORPORATE FILING SERVICE  
3320 SW 87<sup>TH</sup> AVENUE  
MIAMI, FL 33165  
305-552-5973

EFFECTIVE DATE 1/15/08

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PAYLESS PROPERTIES USA, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

## NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

## OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

## AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

## REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
08 JAN 18 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

EFFECTIVE DATE

1/15/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Payless Properties USA, LLC

(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:

14113 S.W. 153 Terrace  
Miami, Florida 33177

Mailing Address:

14113 S.W. 153 Terrace  
Miami, Florida 33177

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:

Marlon T. Williams

Name

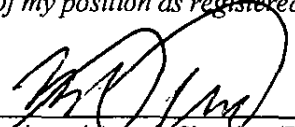
14113 S.W. 153 Terrace

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

Miami, FL 33177

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 JAN 18 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Marlon T. Williams

14113 S.W. 153 Terrace

Miami, Florida 33177

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

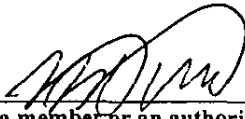
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 15, 2008. (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.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with 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.)

MARLON T. WILLIAMS

\_\_\_\_\_  
Typed or printed name of signee