Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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FLORIDA/FOREIGN LIMITED LIABILITY COS

R & C PRIVATE LABELS LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155,00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

AUG 1 3 2009 ,

ARTICLE I - Name:

The name of the Limited Liability Company is:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	•
(Must and with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15844 50 18 ST - MANGE FT 33165	- SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	
Florida street add	ress (P.O. Box NOT acceptable)
Having been named as registered agent and to a	accept service of process for the above stated limited

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)
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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 Me	Name and Address:	
_MGRM	Laul Ruiz 15649 500 15 57 min au 17 33185	
MGR	- CAILOS LUPEZ - 15644 SEN 1857 - MIGNI F 33155	
(Use attachment if necessar	у)	
ARTICLE V: Effective date, if of	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior	
REQUIRED SIGNATUR	ECRETA STATE	
(In accord of this do	of a member or an authorized representative of a member. unce with section 608.408(3), Florida Statutes, the execution nument constitutes an affirmation under the penulties of perjury facts stated herein are true.) Typed or printed name of signos	1

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)

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