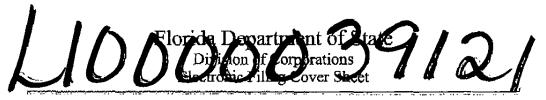
Division of Corporations



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FLORIDA LIMITED LIABILITY CO. BRIAN'S BED BATH FACTORY OUTLET, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BRIAN'S BED BAT	H FACTORY OUTLET, LLC	
(Must end with the words "Lim	ted Liability Company, "L.L.C.," or "LLC.")	
A Disposit Artist for their the statement		
ARTICLE II - Address:	f the principal office of the Limited Liability Company is	
The maning address and sheet address of	I die principal office of the Limited Liability Company is	1.
Principal Office Address:	Mailing Address:	
16930 N.W. 4 AVE.	16930 N.W. 4 AVE.	
MIAMI, FLORIDA 33169	MIAMI, FLORIDA 33169	
MIAMI, FLORIDA 33169	MIAMI, FLORIDA 33169	
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signaturer, and Registered Agent. You must designate an individual or another is	
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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

"MGR" = Managing Member MGRM BRIAN SHERRITON 16930 N.W. 4 AVE. MAM, FLORIDA 33169 MGRM JACQUELINE SHERRITON 16930 N.W. 4 AVE. MIAMI, FLORIDA 33169 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Affective date is listed, the date must be specific and cannot be more than the days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or ap authorized representative of a (In accordance with section 608.408(3), Florida Statutes, the ex of this document constitutes an affirmation under the penalties of that the facts stated herein are true.)	of filing:	
MGRM BRIAN SHERRITON 16930 N.W. 4 AVE. MAMI, FLORIDA 33169 MGRM JACQUELINE SHERRITON 16930 N.W. 4 AVE. MIAMI, FLORIDA 33169 (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: Affective date is listed, the date must be specific and cannot be more than days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a (In accordance with section 608.408(3), Florida Statutes, the exof this document constitutes an affirmation under the penalties of this document constitutes an affirmation under the penalties of the section 608.408(3), Florida Statutes, the exof this document constitutes an affirmation under the penalties of the section 608.408(3), Florida Statutes, the exof this document constitutes an affirmation under the penalties of the section for the secti	JACQUELINE SHERRITON 16930 N.W. 4 AVE MIAMI, FLORIDA 33169 of filing:	
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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)