## LIIOCOOZHOTI

(Requestor's Name)			
(Address)			
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· ,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Real Products Real Prices, LLC	
5020		ed Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Mr. Abdurrafi Muhammad	
		Name of Person
	Real Products Real Prices, LLC	
		Firm/Company -
	307 S. W. 16th Avenue, Apt. 363	
		Address
	Gainesville, Florida 32601	
		y/State and Zip Code
	jbm7759@aol.com E-mail address: (to be used	for future annual report notification)
For fur	ther information concerning this matter, please	e call:
Abdu	rrafi Muhammad	at (352) 256-1286
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
\$125.00	O Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	S:	
Real Products Real Prices, LLC.		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
307 S. W. 16th Avenue, Apt 363	307 S. W. 16th Avenue, Apt 363	
Gainesville, Florida 32601	Gainesville, Florida 32601	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.)	red Office, & Registered Agent's Sig gistered Agent. You must designate an individual of	nature: or another
The name and the Florida street address of the	e registered agent arc:	
Abdurrafi Muhammad		
Nar	ne	
307 S. W. 16th Avenue, A		
Florida street	address (P.O. Box NOT acceptable)	
Gainesville	FL 32601	
City,	State, and Zip	
Having been named as registered agent and l liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the ap wity. I further agree to comply with the performance of my duties, and I am far egistered agent as provided for in Chap	ppointment as provisions of all miliar with and ter <u>6</u> 08, F.S
Abdurrafi Nymammad		
By: / Moderna	fill hu flammad	B B
Registered Agent's Sig	mataffe (REQUIRED)	C)
(CONT	INUED)	
Page 1	of2	<b>3</b>

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Abdurrafi Muhammad
•	307 S. W. 16trh Avenue, Apt 363 Gainesville, Florida 32601
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	be specific and cannot be more than five business days p

bignature 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Abdurrafi Muhammad

Typed or printed name of signee

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)