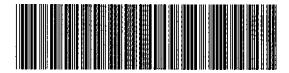
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ALLAHASSEE, FLORIC

Office Use Only

B. BOSTICK

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EXAMINER

COVER LETTER

TØ:

Registration Section

Division of Corporations	
SUBJECT: BettyLou Alterations, Variety & Thrift	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lorietta Haughton	
Name of Person	
BettyLou Alterations, Variety & Thrift	
Firm/Company	
6047 A Kimberly Boulevard	
Address	
North Lauderdale, Florida 33068	
City/State and Zip Code	
lihaughton@yahoo.com	LAHAY 13
E-mail address: (to be used for future annual report notification	in a
For further information concerning this matter, please call:	1-1-1-
	E S P I
Lorietta Haughton at (754) 423-316	
Name of Person Area Code & Daytime To	elephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \\ \text{Certified Copy}	\$160.00 Filing Fee, Certificate of Status &
(additional copy is enclosed)	Certified Copy
Bank of america	Check #279
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallabassee FL 32314 Cfor Street/Courier Address Registration Section Division of Corporation Clifton Building Tallabassee FL 32314	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BettyLou Alterations, Variety	y & Thrift LLC	
(Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability Comp	any is
Principal Office Address:	Mailing Address:	
6047 A Kimberly Boulevard	6047 A Kimberly Boulevard	
North Lauderdale	North Lauderdale	
Florida 33068	Florida 33068	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of t	he registered agent are: ALL ARY ASSESSED ARE ASSESSED	73.744. p
Lorietta L. Haughtor	1 AND THE PERIOD OF THE PERIOD	·VW/100XA
Na	ame φ_{i}^{z} ω	
3471 NW 17th	Street P	1 Parenty

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..

City, State, and Zip

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

FL 33311

Registered Agent's Signature (REOUIRED)

Lauderhill

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Lorietta L. Haughton		
HOR	3471 NW 17th Street		
	Lauderhill, Florida 33311.		
	Edderma, Florida 300 FF.		
MGRM	Betty Reynolds		
	4341 NW 35th Terrace		
	Lauderdale Lakes, Florida 33309.		
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(Has attachment if massesser)		A	
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the	data of filings	. (OPTIONA	41.1
if an effective date is listed, the date must b		· ·	,
or 90 days after the date of filing.)	e specific and cannot be more than in	ive business day	ya pi ioi
or 30 days after the date of ming.)	№		
REQUIRED SIGNATURE:			
Beynnol	ds		

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. 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.)

Betty Reynolds

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)