riorida Department of S use it as a cover sheet. Type the fax audit number (shown

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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. RD DISCOUNT PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu Corporate Filing Menu

H 1 2 0 0 0 1 7 8 6 8 2 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Augress;

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

9145 NW 120 ST Hindush F2 33018	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)	re: her
The name and the Florida street address of the registered agent are:	2 2 _
	型道に
9145 NW 120 ST.	righ 至 D
Florida street address (P.O. Box NOT acceptable) Tialean FL 33018 City, State, and Zip	8: 15 STATE FLORIDA

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

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12 JUL 10 AM 8: 15

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

The name and address of each Manager or Managing Member is as follows: I LARY OF STATE TALL AHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

DIOMAR RODRIGUEZ

9145 NW 120 ST.

Hialeah FL 33018

RAFAEL SAnchez

9145 NW 120 ST.

Hialeah FL 33018

RAFAEL SAnchez

9145 NW 120 ST.

Hialeah FL 33018

RAFAEL SAnchez

9145 NW 120 ST.

Hialeah FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

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.)

s racis stated herein are tries)

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)

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