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Office Use Only



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04/26/13--01014--010 **125.00

Effective Date 1/22/13

APR 2 9 2013

T. HAMPTON

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Betty's Avan For Less LLC 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: |
| Betty Myers Name of Person |
| Betty's Avon For less, CLC Firm/Company |
| 2920 Suset Drive |
| New Snyma Beach, Fr 32168 City/State and Zip Code |
| NCMom 35 @ Gman L. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Betty Myes at (386) 847 - 2430 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 4/22/13

| ARTICLES OF ORGANIZATION | FOR FLORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Com | pany is: |
| Betty's Avon For Less, LLC. | |
| (Must end with the words "Lin | nited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the Principal Office Address: | of the principal office of the Limited Liability Company is: Mailing Address: |
| 2920 Sunset Drive | 2920 Sunset Drive |
| New Smyrna Beach, Florida 32168 | New Smyrna Beach, Florida 32168 |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: |
| Betty Jane Myers | |

Name

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

New Smyrna Beach 32168 _{FL}
City, State, and Zip

2920 Sunset Drive

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 Ageny's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| MGRM | Betty Jane Myers | | |
|-------------------------------------|--|--|--|
| | 2920 Sunset Drive | | |
| | New Smyrna Beach, Florida 32168 | | |
| MGRM | Gilbert M Myers | | |
| | 2920 Sunset Drive | | |
| | New Smyrna Beach, Florida 32168 | | |
| | | | |
| Use attachment if necessary) | | | |
| F.V. Effective date if other than i | the date of filing: April 22, 2013 (OPTION | | |

REQUIRED SIGNATURE:

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 Jane Myers

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)

Page 2 of 2

DIVISION OF CORPORATIONS
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