

#L13000177030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

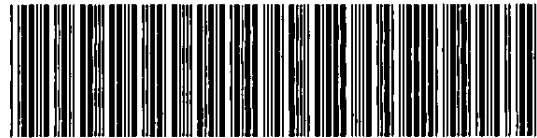
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
2013 DEC 26 AM 10:49
TO ACCOUNTS
SUFFOLK COUNTY OF FILMS

FILED
13 DEC 26 AM 8:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

DEC 27 2013



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 939900 4804192

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 26, 2013

ORDER TIME : 08:30 AM

ORDER NO. : 939900-005

CUSTOMER NO: 4804192

DOMESTIC FILING

NAME: ST. CLOUD COLLECTION, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
13 DEC 26 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is St. Cloud Collection, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address

400 N. Federal Highway
Pompano Beach, FL 33062

Mailing Address

106 East 8th Street
Holland, Michigan 49423

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE

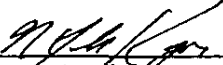
The name and the Florida street address of the registered agent are:

N. Dale Kaper
Name

400 N. Federal Highway
Florida street address (P.O. Box NOT acceptable)

Pompano Beach, FL 33062
City, State, and ZIP

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)

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Benj. A. Smith III
106 East 8th Street
Holland, MI 49423

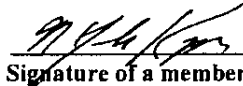
MGR

N. Dale Kaper
400 N. Federal Highway
Pompano Beach, FL 33062

ARTICLE V - EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (optional).
(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.)

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.)

N. Dale Kaper, Authorized Representative

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)