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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATES

GM 9/9/14

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ест: <u>R</u>	and B'5 Colle	ction and Reconited Liability Company	sale_
The en	closed Articles	of Organization and fce(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
		Brian B	Name of Person	
	R	and B's Collect	tion and Resal	ve
		21 N. Douglas	RA. Address	
	_Pe	mbroke Pines	FL 33024 http://State and Zip Code	
		bbetts bel E-mail address: (to be use	15outh. net d for future annual report notifica	ation)
For fu	ther information	on concerning this matter, plea	·	
6	or icen f	setts at (ne of Person	954 <u>401-34</u> Area Code Daytime Tel	7 니 Iephone Number
Enclos	ed is a check fo	or the following amount:		
] \$125.€	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	iling Address	Street/Courier Add	rece

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Rand B's Collection (Must end with the words "Limited L	and Resale, LLC. iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1421 N. Douglas Rd Pembroke Pines, FL 33024	1421 N. Douglas Rd Pembroke Pines, FL 33024
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
The name and the Frontal street address of the registered a	gent are.
Brian Bett Name	<u>'5</u>
	- A
1421 N. Douglas	
Florida street address (P.O. Box N	NOT acceptable)
Pembroke Pines	FL 33024
Pembroke Pines City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance tations of my position as registered agent as provided for in 605, F.S
Bone	
Registered Agent's Signatu	re (REOUIRED)

(CONTINUED)

Page 1 of 2

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Brian Betts
	1421 N. Douglas Rd
	Pembroke Pines, FL 33024
~ ~~	01:01
<u>mer</u>	Robin Betts
	1421 N. Douglas Rd.
	Pembroke Pines, FL 33024
(Use attachment if necessary)	
(,,	
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
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E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1	specific and cannot be more than five business days prior to or 90 da Line Better member or an authorized representative of a member.
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 (In accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation un I am aware that any false inf	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document determinent of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
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Signature of a a (In accordance with section constitutes an affirmation under a may false information to constitutes a third degree fellows 30.00 Certified Copy (Optional)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Bett 5 Typed or printed name of signee Filing Fees: Drganization and Designation of Registered Agent