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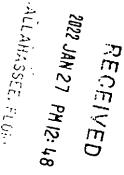
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SUBJE		RETURNS, LLC			
SOBJE		Name of L	imited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s) a	ire submitted	for filing.	
Please ro	etum all correspo	ondence concerning this n	natter to the 1	ollowing:	
	ROBERT SA	ALTSMAN			
			Name of	Person	
	ROBERT P.	. SALTSMAN, P.A.			
			Firm/Co	mpany	
	P.O. BOX 2	146			
			Addr	ess	
	WINTER PA	ARK, FL 32790			
			City/State an	d Zip Code	
		TSMANPA.COM			
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For furthe	r information co	ncerning this matter, plea	se call:		
	ROBERT SA		407	647-2899	
	Nam		Area Code	Daytime Telephon	e Number
Enclosed	d is a check for the	he following amount:			
≣\$ 125.	.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	ig Address		Street Address	
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		on of Corporations Box 6327		The Centre of Tallaha 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	-

"MGR" = Manager MGR WADE S ONEY 4750 THE GROVE DRIVE, SUITE 290 WINDERMERE, FL 34786 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be turnent's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized effective of a member. This document is executed in accordance with state in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	0 4 3 4 15 15 H = 4 -		Name and Address:
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

