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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Goods For Less Appliances 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:

Rachiel texhet		2
Name of Person		2 023 KA
Firm; Company	<u> </u>	11/17
2478 Talus hills Apt 1)		FH 12: 3
Tallapure Fl. 32303	:	ũ
City/State and Zip Code (ashi) (6 6 hot mail (am E-mail and cost (to be used for future annual report notification)		

For further information concerning this matter, please call.

Rachid faithet at 850 , 6924003

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

L1\$125.00 Filing Fee

Certificate of Status

28°55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:

are name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.I.C.," of "ELC.")
RETICLE II - Address: the mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Tallahasice, Fl 32301 Apt D Tulco halls Dr Tallahasice, Fl 32301 Apt D Tulco halls Dr
RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or
be name and the Florida street address of the registered agent are: Rach Name
Florida street address (P.O. Box NOT acceptable)
Tallahassee St. 32303 (1) Si
ving been named as registered agent and to accept service of process for the above stated limited liability company at the colong designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I have agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I contiliar with and accept the obligation of my position as registered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Rached furlid
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	PH 22
(Use attachment if necessary)	$rac{\omega}{\omega}$
reffective date is listed, the date must be spe ate of filing.)	of tiling:
ocument's effective date on the Department of	
TCLE VI: Other provisions, alany,	

Filing Fees:

Typed or printed name of signee

Sign ture of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.