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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB - 8 2011

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|---|--|--|--|
| SUBJE | Name of Limited Liability Company | | | |
| The en | closed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Jordan Hidalgo Name of Person | | | |
| | Headies Head Gear Firm/Company | | | |
| | 195 East Burgess Rd. | | | |
| Pensacola, Fl 32503 City/State and Zip Code | | | | |
| - | Meadit Sheadgear @ Not mail. com E-mail address: (to be used for future annual report notification) | | | |
| For fur | ther information concerning this matter, please call: | | | |
| | Name of Person at (850) 723-0421 Area Code & Daytime Telephone Number | | | |
| Enclos | sed is a check for the following amount: | | | |
| \$125.00 | Filing Fee \$\sum \$\\$130.00\$ Filing Fee & Certificate of Status \$\sum \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ | | | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| Headles Head Gear LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| Jordan Hidalgo 195 E. Burgess Rd. Pensacola, Fl. 32503 Jordan Hidalgo 195 E. Burgess Rd. Pensacola, Fl. 32503 |
| ARTICLE 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 another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Jordan Hidaign Name |
| 195 E. BUY9CSS Rd. Florida stleet address (P.O. Box NOT acceptable) |
| Pensacola, FL 32503 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. Registered Agent'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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: mber |
|---|--|
| MGR | Jordan Hidalgo 195 E. Burgess Rd. Pensawia Fi 32503 |
| | |
| | |
| | |
| (Use attachment if necessand RTICLE V: Effective date, if other fan effective date is listed, the door 90 days after the date of filing | ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior |
| REQUIRED SIGNATUR | |
| Signature | of a member or an authorized representative of a member. |
| (In accordance wit constitutes an affir | h section 608.408(3), Florida Statutes, the execution of this document rmation 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.)

Ordan Hidalao 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)