## 12/000300750

(Req	uestor's Name)	
(Add	lress)	
- Add	lress)	
(1100		
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ruc	siness Entity Nan	70)
(Bus	siness Entity Ivan	ne)
(Doc	cument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



300368336783

ピュシュバィュン

JUN 2 1 2011

09/22/21--0100/ -020 \*\*180.00

TALL/AHAGAGE, FL

		CO	VER LETT	ER			
то:	New Filing Sec Division of Cor						
SUBJEC		Exotic Wear LLC					
.7() D.J.L.	c. I	Name of Li	mited Liabili	ty Company		_	
The enc	losed Articles of	Organization and fee(s) a	re submitted	for filing.			
Please r	eturn all correspo	ondence concerning this m	atter to the fo	ollowing:			
	Demetria Ki	ng					
		- · · · -	Name of	Person			_
	Jollicious E	cotic Wear LLC					
			Firm/Cor	npany		, ;	
	1308 Avon 1	Lane Apt 15				ÎALL	HUF LZEZ
			Addre	288			22
	North Laude	ertla. Fl. 33068				A TANGER	A
	1.1		City/State and	l Zip Code		<b>25</b>	AM   1: 55
	kdemetrial@g	E-mail address: (to be used	d for future a	nnual report notificat	ion)		
For furthe	er information co	ncerning this matter, pleas	se call:				
	Demetria Ki	ng 9 at (	<b>)</b> 54	480-7749			
	Nam		Vrea Code	Daytime Telephor	ne Number	_	
Enclose	d is a check for t	he following amount:					
□\$125	.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy is enclosed)		0 Filing Fo	

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

ARTICLE I - Na	a na	c:
----------------	------	----

The name of the Limited Liability Company is:

Jollicious Exotic Wear LLC

(Must conatin 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:

Prin	cinal	Office	Address:

Mailing Address:

1308 Avon Lane Apt 15	1308 Avon Lane Apt 15
North Lauderfla, FL 33068	North Lauderfla, FL 33068

## 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:

Demetria King		
	Name	
1308 Avon Lane Apt	15	
Florida street address	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
North Lauderfla	FL	33068
City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager	•
DIXIX = DIMINIQUI	
AMBR	Demetria King
7441771	1308 Avon Lane Apt 15
	North Laudertla, FL 33068
	•
filling.)	
filing.) he date inserted in this block do ent's effective date on the Dep	bes not meet the applicable statutory filing requirements, this date will not be
filing.) he date inserted in this block do ent's effective date on the Dep	bes not meet the applicable statutory filing requirements, this date will not be
Filing.) he date inserted in this block donent's effective date on the Dep. VI: Other provisions, if any.	bes not meet the applicable statutory filing requirements, this date will not be
Filing.) the date inserted in this block defent's effective date on the Deport Office (VI: Other provisions, if any.  REQUIRED SIGNATURE:	ond since the
Filing.) the date inserted in this block dotent's effective date on the Dept.  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document if am aware that a	bes not meet the applicable statutory filing requirements, this date will not be
he date inserted in this block doent's effective date on the Dep.  VI: Other provisions, if any.  REOURED SIGNATURE:  Signature  This document if am aware that a constitutes a thir	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any talse information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
he date inserted in this block do ient's effective date on the Dep.  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document if am aware that	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.
he date inserted in this block do nent's effective date on the Deport VI: Other provisions, if any.  REOURED SIGNATURE:  Signature This document if I am aware that a constitutes a thir	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.
he date inserted in this block do nent's effective date on the Deport VI: Other provisions, if any.  REOURED SIGNATURE:  Signature This document if am aware that a constitutes a thir	of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.
he date inserted in this block doent's effective date on the Depo.  VI: Other provisions, if any.  Signature This document if I am aware that a constitutes a thir  Demetria	oes not meet the applicable statutory filing requirements, this date will not be artment of State's records.  Tof a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.  King Demet 2 (a) Typed or printed name of signee