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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: **Robert.Johnson@gray-robinson.com**

FLORIDA LIMITED LIABILITY CO.
Apparel Square Holdings LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: APPAREL SQUARE HOLDINGS LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

GrayRobinson, P.A., 101 East Kennedy Boulevard, Suite 4000
Tampa, Florida 33602

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

The name and the Florida street address of the registered agent are:

Robert E. Johnson
Name

GrayRobinson, P.A., 101 East Kennedy Boulevard, Suite 4000
Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida 33602
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 605, F.S.

DocuSigned by:

Robert E. Johnson

Registered Agent’s Signature: Robert E. Johnson

Article IV – Management:

The name, title and address of the person authorized to manage and control the Limited Liability Company is:

Title:	Name and Address:
MGR	Robert E. Johnson GrayRobinson, P.A., 101 East Kennedy Boulevard, Suite 4000 Tampa, Florida 33602

DocuSigned by:

Robert E. Johnson

Robert E. Johnson, Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation 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.)

Robert E. Johnson
Typed or printed name of signee

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