https://efile.sunbiz.org/scripts/efilcovr.exe

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000128318 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : 120010000247 Account Name

: (800)494-3124 Fax Number : (305)675-2811

	, , <del>-</del>		
	AA Jackets LLC		
	Certificate of Status	Ō	
	Certified Copy	0	
Ġ	Page Count	02	
ı	Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

AA JACKETS LLC

ARTICLE II: Address

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

3354 BRATTI CT.

PALM HARBOR, FLORIDA 34685

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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.S.

x

A1A REGISTERED AGENT INC. / REGISTERED AGENT'S SIGNATURE

Ho60001283183

PAGE 2

AA JACKETS LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

## **MANAGING MEMBER:**

FRANCIS N. STRAZZERI 3354 BRATTI CT. PALM HARBOR, FLORIDA 34685

Signature of a member or an authorized representative of a member

(in accordance with section 608.408(3), Morida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANCIS N. STRAZZERI