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(Requestor's Name)		
(Address)		
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SEGRE BARY GARAGE

# **COVER LETTER**

TO:	New Filing S Division of C					
	2410		trana Fashion	& Resell	LLC	
SUBJI	ECT:		of Limited Lia	bility Com	рану	
The en	closed Articles	of Organization and fo	ee(s) are submit	ted for filir	ng.	
Please	return all corre	spondence concerning	this matter to the	ne followin	g:	
	Brian Dog	ggett				
			Name	of Person		
			Firm	/Company		
	1420 Oce	ean Way Apt. 10B				
	_		A	ddress		
	Jupiter Fl	. 33477				
	entranafas	hion@gmail.com	City/State	and Zip C	ode	
		E-mail address: (to b	oe used for futu	re annual re	eport notificati	on)
For furtl	ier information	concerning this matter	, please call;			
	Brian Dog	gett	561 _at (	5296 )		
	N:	ame of Person			ime Telephone	Number
Enclos	ed is a check fo	r the following amoun	t:			
\$125.0	00 Filing Fee	\$130.00 Filing Fo	itus ——Cer	55.00 Filing tified Copy ional copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address Filing Section			Address ling Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Entrana Fashion & Resell LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

### ARTICLE II - Address:

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

### Principal Office Address:

**Mailing Address:** 

1420 Ocean Way Apt. 10B		1420 Ocean Way Apt. 10B	
Jupiter Fl. 33477		Jupiter Fl. 33477	

# 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:

Brian Doggett		
	Name	
1420 Ocean Way Apt. 1	0B	
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Jupiter	FI.	33477
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)

SELECTRON COLUMN

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Brian Doggett		
<del> </del>	1420 Ocean Way Apt. 10B		
	Jupiter, FL 33477		
	·		
(Use attachment if necessary)			
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any,			
REQUIRED SIGNATURE:			
12min Jahr			
This document is executed in acc	an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of States provided for in s.817.155, F.S.		
Brian Doggett			
	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)