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COVER LETTER

TO:	New Filing Section Division of Corporations	
	GLC Custom Apparel, LLC	
SUBJI	ECT:	
	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:	
	Brandon R. Allen Name of Person	
	GLC Custon Appavel.	
	Firm/Company	
	2241 Novy Monroe Street #1654	
	Address	
	City/State and Zip Code City/State and Zip Code Cli @ g/ccustom a pparel; com E-mail address: (to be used for future annual report notification)	
	Cify/State and Zip Code	
	eli@alccustomapparelicom	
	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	Rul a 111- ach 1007-1100	
	Brandon R. Allm at (850) L092-1198 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Unalac	ed is a check for the following amount:	
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	(additional copy is enclosed) (additional copy is enclosed)	Į
	Mailing Address Street Address	ŗ
	Mailing AddressStreet Address173New Filing SectionNew Filing Section Division	
	Division of Corporations The Centre of Tallahassee	
	P.O. Box 6327 2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32314 Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLC Custon Apparel, LLC
(Must contain 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.
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:
224 North Monroe St. 2230 St. 24 North Monroe St. 224 North Monroe St
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:
Brandon Allen 2241 North Monroe St.
Florida street address (P.O. Box NOT acceptable) Tallahalsee, FL 32303 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) (CONTINUED) (CONTINUED)

The name and	address of each person au	nthorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:
"MGR" = Man		
MCI	R	Brandon R. Allen
		224 North Monroc St. #/454
(Use attachmen	it if necessary)	
(If an effective date is lis	date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
the date of filing.)		
Note: If the date inserte the document's effective	d in this block does not it date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other pro	visions, if any.	
DEAUDED C	LONATURE	21
REOUIRED S	IGNATURE:	11/5/-

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Sentes. 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent