

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (305)673-0347 Fax Number : (305)532-0738 03 MAR -3 AM 7:58

MJH

LIMITED LIABILITY COMPANY

His & Hers Towels LTD. Co.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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PAGE 01

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

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ARTICLE! NAME

The name of the Limited Liability Company is: His & Hers Towels LTD, Co.

ARTICLE # ADDRESS

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

1651 NW 93rd Terrace

Coral Springs, FL 33071

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

Litlian Santamarta 1651 NW 93rd Terrace Coral Springs, Florida 33071

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..

Allian Santamaria / Registered Agent's

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

Member:

Lillien Sentemena

1651 NW 93rd Terrace

Coral Springs, FLorida 33071

Signature of a member or an authorized representative of a

(in accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalities of perjury that the facts stated herein are true. Lillian Santamaria

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