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(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: OUT OF CONTROL SPORTSWEAR, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent [1]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status

[]\$160.00 Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

ELIZABETH GIBBS 431 VALENCIA COURT LONGWOOD, FL 32750

For Further information concerning this matter, please call: ELIZABETH GIBBS at 407-924-3042.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 OF TEN STATE OF PRINCIPLE OF THE STATE OF CONTROL OF CONTROL OF THE STATE OF THE ST

ARTICLES OF ORGANIZATION

OF

OUT OF CONTROL SPORTSWEAR, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: OUT OF CONTROL SPORTSWEAR, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 431 VALENCIA COURT, LONGWOOD, FL 32750.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME ADDRESS

ELIZABETH GIBBS 431 VALENCIA COURT LONGWOOD, FL 32750

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 608, F.S.

ABETH GIBBS

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ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

President:

Elizabeth Gibbs

431 Valencia Court Longwood, FL 32750

Vice President:

Mark Merrill

16811 Rolling Rock Drive

Tampa, FL 33618

Secretary:

Robert Gibbs_

431 Valencia Court Longwood, FL 32750

Treasurer:

Vivian Olsen

16811 Rolling Rock Drive

Tampa, FL 33618

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be $\frac{April}{5}$, 2004.

Signature of a member or an authorized

representative of a member.

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

ELIZABETH Gibbs Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 15% day of April, 20 04 . PL DL 120-237-58-541-0

ELIZABETH GIBBS

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 5 day of 4pril , 2004, by ELIZABETH GIBBS, who is personally known to me or who has produced driver's license as identification and who did take an oath.

KELLY KIRKPATRICK Notary Public, State of Florida My comm. expires April 22, 2007 No. DD 205382 Bonded thru Ashton Agency, Inc. (800)451-4854

Notary Public, State of Florida

At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

ELIZABETH GIBBS

DATE:

april 15, 2004