

L05000024697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

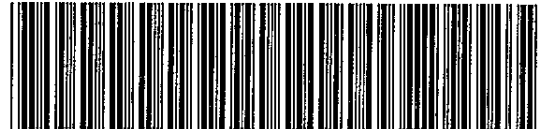
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/05--01030--020 **130.00

FILE
05 MAR 10 PM 1:09
TALLAHASSEE, FLORIDA

March 8, 2005

Please find the enclosed Articles for Organization for Splash Attire LLC

I can be contacted at:

David W. Held
750 N Atlantic Ave #501
Cocoa Beach FL 32931
(321)960-5945

I have enclosed check # 1566 in the amount of \$130.00

Sincerely,

David W. Held

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05 MAR 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Splash Attire LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W Held
(Name of Person)

Splash Attire LLC
(Firm/Company)

750 N. Atlantic Ave #501
(Address)

Cocoa Beach FL 32931
(City/State and Zip Code)

For further information concerning this matter, please call:

David Held at 321 960-5945
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATE OF FLORIDA
TALLAHASSEE

05 MAR 10 PM 1:09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Splash Attire LLC

ARTICLE II - Address:

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

Principal Office Address:

David Held
750 N. Atlantic Ave #501
Cocoa Beach FL 32931

Mailing Address:

David Held
750 N. Atlantic Ave #501
Cocoa Beach FL 32931

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David Held
Name
750 N. Atlantic Ave #501
Florida street address (P.O. Box **NOT** acceptable)
Cocoa Beach FL 32931
City, State, and 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 608, F.S.

David W. Held
Registered Agent's Signature

(CONTINUED)

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STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David W. Held
750 N. Atlantic Ave #501
Cocoa Beach FL 32931

MGRM

Hossein Etemad
7777 East Main Street #325
Scottsdale AZ 85251

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

David W. Held
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.)

David W. Held
Typed 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)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 10 PM 1:09

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