

L 05 0000.82599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

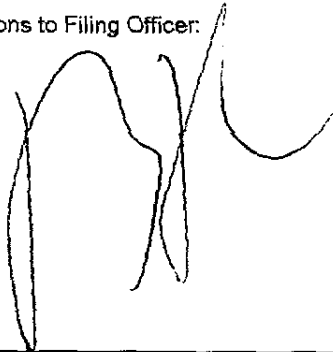
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



900058725789

08/22/05--01012--005 \*\*155.00

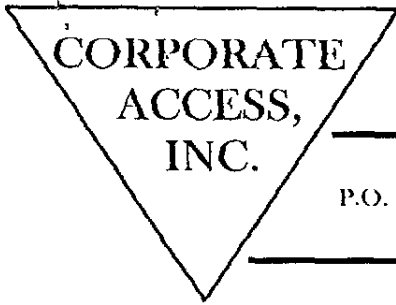
FILED  
05 AUG 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 AUG 22 AM 10:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

05 AUG 22 AM 11:04

FILED



*"When you need ACCESS to the world"*

236 East 6th Avenue Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

FILED  
08 AUG 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## WALK IN

PICK UP:

8/22/05 08

☒ CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1. Cutthroat Clothing Company, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
CUTTHROAT CLOTHING COMPANY, LLC**

**FILED**  
05 AUG 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned Members, desiring to form a limited liability company pursuant to the provisions of the Florida Limited Liability Company Act (the "Act"), hereby submit, and file with the Florida Department of State, the following Articles of Organization.

**ARTICLE I — Name:**

The name of the Limited Liability Company shall be: **Cutthroat Clothing Company, LLC** (the "Company").

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Company shall be as follows:

2814 East Bears Avenue  
Tampa, Florida 33613

**ARTICLE III — Registered Agent and Registered Office:**

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33563, and the name of the registered agent at such address is Keith C. Smith, Esquire.

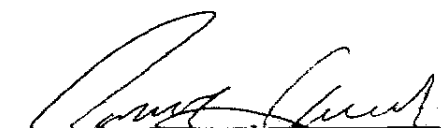
**ARTICLE IV – MANAGEMENT**

The Company shall be managed by the Members.

**ARTICLE V – LIMITATION ON AGENCY AUTHORITY OF MEMBERS**

Pursuant to Section 608.4235 of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned Members have executed these Articles of Organization this 13 day of AUGUST, 2005. In accordance with Section 608.408(3) of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Jason Avery, Member  
\_\_\_\_\_  
Randall Miller, Member

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

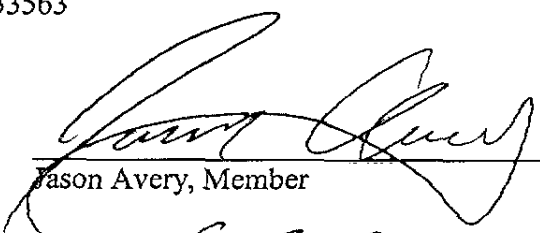
Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

Cutthroat Clothing Company, LLC

2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire  
121 North Collins Street  
Plant City, Florida 33563

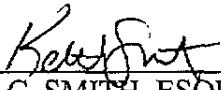
  
\_\_\_\_\_  
Jason Avery, Member

8-13-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Randall Miller, Member

8-13-05  
\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
KEITH C. SMITH, ESQUIRE

8/19/05  
\_\_\_\_\_  
DATE