

W5000083996

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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2005 AUG 24 AM 8:20
TALLAHASSEE, FLORIDA
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LIMITED LIABILITY COMPANY

snapp shott apparel , llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

W5-83996
JR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 24, 2005

EMPIRE

SUBJECT: SNAPP SHOTT APPAREL CORP., LLC
REF: W05000039986

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

③

H05000202254

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNAPP SHOTT APPAREL . LLC

ARTICLE II - Address:

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

Principal Office Address:

16343 NW 12TH STREET
PEMBROKE PINES, FL 33028

Mailing Address:

600 SE 17TH STREET #220
FT. LAUDERDALE, FL 33316

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

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

RICARDO SAINVILIER

Name

16343 NW 12TH STREET

Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES FL 33028

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..


Registered Agent's Signature

(CONTINUED)

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

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

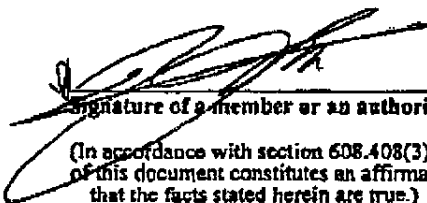
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MANAGERRICARDO SAINVILIER16343 NW 12TH STREETPEMBROKE PINES, FL 33028

(Use attachment if necessary)

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


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.)

RICARDO SAINVILIER

Typed or printed name of signer

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)

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