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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

M. HODGES

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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05 SEP -2 AM 10:53  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Jesus Authentic Wear Select, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Jesus Authentic Wear Select, L.L.C.**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

755 SW Pelican Cove

755 SW Pelican Cove

Port Saint Lucie, FL 34986

Port Saint Lucie, FL 34986

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

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

**CORPDIRECT AGENTS, INC.**

Name

**515 East Park Avenue**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Tallahassee, FL 32301**


(City / State / Zip)

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*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.*



Ed B. Lary, Ass't Sec.

Registered Agent's Signature - Ed B. Lary- Ass't Secretary

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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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Timothy Brink - 755 SW Pelican Cove, Port Saint Lucie, FL 34986

MGRM

Andrew Heinz - 933 SW Grand Reserve Blvd., Port Saint Lucie, FL 34986

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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. )

Timothy Brink

Typed or printed name of signee