

LU6000021051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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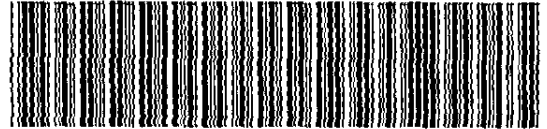
(Business Entity Name)

(Document Number)

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CLERK'S OFFICE

LU6-21051
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

JOSEPH ROMAN
1808 VALLEY RIDGE LOOP
CLERMONT, FL 34711

SUBJECT: NEW YORK STYLE URBAN GEAR
Ref. Number: W06000006674

We have received your document for NEW YORK STYLE URBAN GEAR and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 206A00009918

SECRETARY OF STATE
TAMMI CLINE
206A00009918

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW YORK STYLE URBAN GEAR
(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:

JOSEPH ROMAN
(Name of Person)

NEW YORK STYLE URBAN GEAR
(Firm/Company)

1808 VALLEY RIDGE LOOP
(Address)

CLERMONT, FLORIDA 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH ROMAN
(Name of Person)

at (407) 697-9050
(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW YORK STYLE URBAN GEAR LLC

ARTICLE II - Address:

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

Principal Office Address:

1808 VALLEY RIDGE LOOP
CLERMONT, FLORIDA
34711

Mailing Address:

1808 VALLEY RIDGE LOOP
CLERMONT, FLORIDA
34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

JOSEPH ROMAN
Name
1808 VALLEY RIDGE LOOP
Florida street address (P.O. Box **NOT** acceptable)
CLERMONT FLORIDA 34711
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes..


Registered Agent's Signature

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:

MGRM (President)

JOSEPH ROMAN
1808 VALLEY RIDGE LOOP
CLERMONT, FLORIDA

Vice President

Charles Roig 34711
1812 Ridge Valley
Clermont FL 34711

(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.)

JOSEPH ROMAN

Typed or printed name of signer

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)

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SECRETARY OF STATE
CLERK OF COURT

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