LD6000107387

(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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11/03/06--01029--020 **125.00

2006 NOV -3 PH 12: 20

SECRETARY OF STALL



TRANSMITTAL LETTER

	ation Section of Corporations				
SUBJECT:	American Apparer	GROUP LLC			
	(Name of Limited	1 Liability Company)			
The enclosed Art	icles of Organization and fee(s) are so	ubmitted for filing.			
Please return all	correspondence concerning this matte	r to the following:			
	RONALA	Powrace			
	Q	Name of Person)	**************************************		
	AMERICAN APPAREL	. Group LLC			
	(1	Firm/Company)			
	2000 Park Bo	ncerand			
	2000 Park Bo	(Address)	20		
	Promises PAR	L FL 33	SECRETARY OF STATE 2006 NOV -3 PH 12: 20		
	(City/	State and Zip Code)	ယ်		
For further information concerning this matter, please call:					
Lorens	Power (Name of Person)	at (277 28 377		
	(Name of Person)	(Area Code & Daytime Te	dephone Number)		
Enclosed is a ch	neck for the following amount:				
\$125.00 Filin	g Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)			
	STREET ADDRESS:	MAILING A			
	Registration Section Division of Corporations	Registration S Division of Co			
	409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir	= =	Company	' is:			
Auf	erian A	parce	GROUP	LLC		<u> </u>
ARTICLE II - Add The mailing address		dress of th	e principal c	office of the	Limited Li	ability Company
Principal Office A	ddress:		Mailir	ıg Address:	<u>.</u>	
1000 PARK		r)		o PARK	· .	46
1 MELLAS 14	ak FL		Pin	ruas 1	HAK F	<u> </u>
	33781				3374	8 :
The name and the F	ne Florida street address of the r Ranky Pou Name 1000 Park B					3 - 400 900 -3
	^	Florida stree	t address (P.O.	Box NOT ac	ceptable)	PH.
	Pweins	City, Sta	FL ate, and Zip	3378	<u>(</u>	OF STATE RPURATIONS PH 12: 20
registered agent an statutes relating t	ny at the place of agree to act to the proper at the prope	designated in this cap nd complet osition as t	in this certifacity. I furthe e performant egistered ag	Acate, I here wer agree to ce of my dut ent as provi	by accept th comply with ies, and I an	ne appointment a the provisions o
	R	egistered Ag	ent's Signature	2		

(CONTINUED)

<u>litle:</u> 'MGR" = Manager	Name and Address:			
'MGRM" = Managing Member	Romans Powerker			
	1000 PARK BruckVAS			
	PLASURS PARK FL 3878(
Marian and Anna and A				
'				
(Use attachment if necessary)				
NOTE: An additional article must	be added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) AND POWAME			
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury			

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)