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(Requestor's Name) (Address)	
(Address)	50
(City/State/Zip/Phone #)	:
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status WS 02784	
Special Instructions to Filing Officer: 12/12 FC CC	
EFFECTIVE DATE	·

Office Use Only





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SECRETARY OF STATE

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COVER LETTER

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SUBJECT:	TWE	1 (Name of Limite	MERCHANDISING ad Liability Company)	۲. ۲ . ۲ .
The enclose	d Articles o	of Organization and fee(s) are s	submitted for filing.	
Please return	n all corresp	condence concerning this matter	er to the following:	
3	BRAD	VAZQUEZ	(Name of Person)	
_7	WENT	y - ONE NORTH	MERCHANDISING (Firm/Company)	L.C.C.
	62	N.E. 18th ST	(Address)	
<u> D</u>	ELRAY	BEACH FC (City	//State and Zip Code)	
For further i	nformation	concerning this matter, please	call:	
BRAE		GUEZ-	at (541) 564 - (Area Code & Daytime T	1852_ elephone Number)
Enclosed is	a check fo	or the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2006

BRAD VAZQUEZ TWENTY-ONE NORTH MERCHANDISING L.L.C. 102 N.E. 18TH STREET DELRAY BEACH, FL 33444

SUBJECT: TWENTY-ONE NORTH MERCHANDISING L.L.C.

Ref. Number: W06000051724

We have received your document for TWENTY-ONE NORTH MERCHANDISING L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 28, 2006. Please amend your document accordingly.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 806A00068702

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	\mathbf{R}'	ΓI	Cl	LΕ	I	-	N	an	ne:
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The name of the Limited Liability Company is:

TWENTY - ONE NORTH MEYLCHANDISING L. C.C.

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:

DELRAY BEACH, FL 33444

DELRAY BEACH FL 33444

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRAD VAZQUEZ

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

Florida street address (P.O. Box NOT acceptable

DELRAY BEACH FL 33444

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR	BRAD VAZANEZ 182 N.E. 18TH STREET DELANY BEACH EC 33444
M SR	JOHN HUBBARD 1129 CAMELIA ST. DCEANSIDE CA 92054
ZT 1 10	
(Use attachment if necessal (Use attachment if necessal (Use at Effective date, if of fective date is listed, the days after the date of filing the date of filing at the date of filing date.)	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business days
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LE V: Effective date, if ot fective date is listed, the d days after the date of filing REQUIRED SIGNATURED SIGNATURED	ner than the date of filing: ate must be specific and cannot be more than five business day.) RE: of a member or an authorized representative of a member.
LE V: Effective date, if ot fective date is listed, the d days after the date of filing REQUIRED SIGNATURE Signature (In accort of this do	ner than the date of filing: ate must be specific and cannot be more than five business day.) (OPTION ate must be specific and cannot be more than five business day.) (E: and a member or an authorized representative of a member. Inner with section 608.408(3), Florida Statutes, the execution current constitutes an affirmation under the penalties of perjury facts stated herein are true.)
LE V: Effective date, if ot fective date is listed, the d days after the date of filing REQUIRED SIGNATURE Signature (In accord of this do	ner than the date of filing: ate must be specific and cannot be more than five business day.) RE: of a member or an authorized representative of a member. lance with section 608.408(3), Florida Statutes, the execution coursent constitutes an affirmation under the penalties of perjury
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