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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FASTKIT CORPORATE CUTFITS

Account Number: 071001002335 Phone

: (305)599-0839

Fax Number : (305)716-0346

# LORIDA/FOREIGN LIMITED LIABILITY CO.

### FRANELA INVESTMENT LLC

Certificate of Status	0		
Certified Copy	i		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	.E I -	Name
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The name of the Limited Liability Company is:

#### FRANELA INVESTMENT LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.")

#### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

2717 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

2717 PONCE DE LEON BLVD CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Limitary Company cannot surve 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:

EDWIN ACOSTA-RUBIO

Name

2717 PONCE DE LEON BLVD

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

**CORAL GABLES** 

FL 33134

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

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