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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations
SUBJECT: BLDOUBLEFALEARPAREL ALC (Name of Limited Liability Company)
(Name of Eminica Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHNNY RUIZ (Name of Person)
(v.a.ac 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
3LATINO FAM-SHOWDING CORP (Firm/Company)
(Firm/Company)
319 EAST CHURCH ST. SUITE 133 (Address)
(Address)
ORLANDO FLORIDA 32801 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
JOHNNY RUI2 at (407) 650 - 9239 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HATCHES OF CHOSE WESTION FOR TEC	MIDIT ENVITED EMBRICA COMME	-
ARTICLE I - Name: The name of the Limited Liability Company is:	O ATK	DIVISION
MOOUBLE LA		PARY OF CO
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	RP OF
ARTICLE II - Address:		AAT AAT
The mailing address and street address of the prin-	cipal office of the Limited Liability Company	is: ౚౣౕ
Principal Office Address:	Mailing Address:	
319 EAST CHURCH ST	319 EAST CHURCH ST	
SUITE 133	SUITE 183	
ORLANDO, 1.L. 3.2801	ORLANDO, FL 32801	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)		
The name and the Florida street address of the reg.	istered agent are:	

19 EAST CHURCH ST SUITE 133
Florida street address (P.O. Box NOT acceptable)

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

Title: "MGR" = Manager "MGRM" = Managing	Name and Address: Member
T <u>INOFAM HOLDING</u> C "MGRM"	ORP. 319 EAST CHURCH ST STE 13.
OHNNY RUIZ "MGRM"	319 EAST CHURCH ST STE 133 ORLANDO, FL 32801
IOSE CARVAJAL "MGRM	1209 AMBERWOOD BLVD KASSIMMEE, FL. 34741
RYAN SOTO	8008 YOUNT DR.
"MGIRM"	BOOR YOUNT DR.
(Use attachment if neces LE V: Effective date, if a fective date is listed, the	other than the date of filing: (OPTIO date must be specific and cannot be more than five business of
(Use attachment if neces	other than the date of filing: (OPTIO) date must be specific and cannot be more than five business of ling.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)