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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EKOnomix Clothing Little (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:	
Jason Rosenberg	
(Name of Person)	
EKOromix Clothing	
(Firm/Company)	
9734 NW 7th Circle #624	
Plantation, FL 33324 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Okserved at (585) 329-5039 (Name of Person) (Area Code & Daytime Telephone Number)	
(initial control payment random)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certificate of Status (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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	Company is:
EKanamix Clat	Wing LLC "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
7734 NW 7th Circle #624 Plantation, FL 33324	9734 NW 7th Circle #624 Plantation, FL 33324
APPICIF HIT Designand Apple Designand	OSC - Projektural Amerika Simoskura

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:

Name

Name

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

Plantation

FL 3332 4

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

- 0

Typed or printed name of signee

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)