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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

_	istration Section ision of Corporations
SUBJECT:	Stateside Revolution, LLC
	(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:
	Errol Anglin (Name of Person)
	(Name of Person)
	(Firm/Company)
1	406 Mckinley Ave
	(Address)
	Hob Mckinley Ave (Address) Lehigh Acres FL 33972-7287 (City/State and Zip Code)
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
Erro	Anglin at (516) 640-8543 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:
□ \$125.00 F	Certificate of Status Certified Copy (additional copy is enclosed) S130.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Stateside Revolution, LLC	
Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC	" or "L.C")
interest the wint are words Emilied Blacking Company, Emilied Company of their accommission Education	, 6. 2.6.,)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	iability Company is:
Principal Office Address: Mailing Address:	
1406 McKinley Ave 1406 Mck Lehigh Acres FL 33972-7287 Lehigh Acre 33970-72	inky AR 5 FL 87
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Errol Anglin	
Name	
1406 Mckinley Ave	
Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable) Lehigh Acres FL 33972-728 City, State, and Zip	:7
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 to	
registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I as	
accept the obligations of my position as registered agent as provided for in	
Grad (ch	2008 APR 11 SECRETARY
Registered Agent's Signature (REQUIRED)	ARE AP
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(CONTINUED) Page 1 of 2	ORIE - 3
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:			
"MGR" = Manager "MGRM" = Manag	ing Member		
_	ing wember		
MGR		Errol Anglin	
		1406 Mckey ley Ave	3972-7287
			
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