Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 Fax Number : (770)220-1943 HASSEE FLORIDA

JUN 23 AM 8:

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MADRAG CLOTHING OF FLAGLER LLC

ECEIVED UN 23 PH I2: 10 FILASSEE FLORIDA

Certificate of Status	0
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Estimated Charge	\$155.00

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123/2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compa	ny is:	
MADRAG CLOTHING OF FLAGLER LLC (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	<u>. </u>
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
8331 West Flagler Street	8331 West Flagler Street	
Miami, FL 33144	Miami, FL 33144	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an individual	SECRETARY OF ANOTHER SECRETARY
NRAI Services, Inc.	Namc	
2731 Executive Park Dr Florida str	,	STATE LORIDA
Weston	FL 33331	
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.

NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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:

REQUIRED SIGNATURE:	<u>ttue:</u>	Walte and Address.		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Mo	nber		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	MGB	Howard Hoffman		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	WOR		-	
(Use attachment if necessary) TCLE V: Effective date, if other than the date of filing:	•		-	
ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior of days after the date of filing.) REQUIRED SIGNATURE: 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.) Nathan Hoffman, Authorized Representative			•	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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