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M. THOMAS

JUN 10 2009

EXAMINETA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hide A Wear 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:
Kathy Biandolillo Name of Person
Hide A Wear LLC Firm/Company
1019 N.W. Walter Priace is a s
Parkland, Florida 33067 麗夢
City/State and Zip Code    Onglet & Dell South net   E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kath + Biondolillo at (954) 796 9991  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 160.00 Filing Fee,\$\times 160.00 Filing Fee
Mailing Address  Registration Section  Registration Section  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom it May Concern:

I Created an S corporation with the Name "Hide A Wear, Inc:" however it Should have been an LLC.

Therefore, I Changed the name of my of S Corporation from Hide A Wear to a Changed Change of Changes and Changes and Changes of Changes of the Changes of th

I mailed the amendment of my S Corporation at the same time I Mailed you this request for the LLC.

Thank you + please Call me if you have any questions. 954-796-9991

Karny Biondolillo

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Hide A Wear, LLC	) 
(Must end with the words "Limited Liability Compa	ny," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Maili	ng Address:
7079 NW 62rd Terrace 70 Parkland, Florida F	279 N.W. 62nd Terrare Torkland, Florida & F
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	
The name and the Florida street address of the registere  Kathy Biondo  Name	d agent are:
7079 N.W. 62 Plorida street address (P.O. Box NO	-
City, State, and Zip	<u>3306</u> 7
Having been named as registered agent and to accept so	• •

K Biendstelles

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..

(CONTINUED)

## Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Kathy Biondolillo 7019 NW band Terrace Parkland, Florida 33067
	TI S CREET TO THE PARTY OF THE
(Use attachment if necessary)	SET S
TICLE V: Effective date, if other than the can effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: 06.02.09 . (OPTIONAL)
REQUIRED SIGNATURE:  Signature of a member	Siond Sulleton and authorized representative of a member.
of this document constitute that the facts stated here	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.
Filing Fees:	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)