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(((H09000144138 3)))



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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

STAMINA CLOTHING LLC

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JUN 17 2009

EXAMINER

H09000144138

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	· :		
Stamina C (Must end with the words "Limited Liabi	othing LLC lity Company, "E.L.C.," or "ELC.")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Compa	ny is:	
Principal Office Address:	Majung Address:	. •	•
18486 NW 24 Street Dembroke Pines, FL 85029	Same		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regionships entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stored Agent. You must designate an individual or another	. 0	
The name and the Florida street address of the	registered agent are:	09 SIVIS	د د
Darren	Bailey		つ カ カ
Name		- 5 / 漫画	
18486 Nue Florida street ac Pembroke Pine City, State,	Idress (P.O. Box <u>NOT</u> acceptable)	AH 6: 22	
Hoving been named as registered agent and to	accept service of process for the above stated l	imited	

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

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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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Mgrn	Dorren Bailey 18486 NW 24 JT Rombroke Pines Fl 33029
Mgrm	William BOZOKI 18486 NW 245 Rembroke Pics FL 38029
Mgrn	Down Notting 18-18/6 NW 24/5- Pambrole Plas R 33029
	e date of filing:, (OPTIONAL)
If an effective date is listed, the date must l o or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	La O.
Signature of a memb	er or an authorized representative of a member.
(In accordance with so of this document constituted that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
	yped or printed name of signes
Filing Fees:	,

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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)