10900869a5

<u> </u>
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Shyrotaterziph Hone w)
PICK-UP WAIT MAIL
!
(Consideration of Consideration of Consi
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Ellis Off
Special Instructions to Filing Officer:

Office Use Only



500160356495

500160356495. 09/08/09--01074--005 *#30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

at arcialises

D. BRUCE

SEP 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	ECT:	PK CASUAL	. WEAR RESOURCES, LLC	
		Name of Limi	ited Liability Company	
The en	closed Articles	of Organization and fee(s) are	e submitted for filing.	
Please	return all corres	spondence concerning this ma	atter to the following:	
		PH	HILLIP NGUYEN	
			Name of Person	
		Casual Clo	othing/Business Services	_
			Firm/Company	
		12656 W	Vestfield Lakes, Circle	_
			Address	
		Winter C	Garden, Florida 34787 ∑⊘ c	_
		Ci	City/State and Zip Code	5 5
-		phillip.nguye E-mail address: (to be used	en@hoangkimgarment.com	<u>;</u> _
For fur	ther information	n concerning this matter, pleas	SES ∞	, r
		llip Nguyen e of Person	at (407) 973-3222 A S	<u>_</u>
Enclos	sed is a check t	for the following amount:		
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (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

PK Casual Wear	Resources, LLC	
	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12656 Westfield Lakes, Cir Winter Garden, Florida 34787	P.O Box 78491 Winter Garden, Florida 34778-4941	
	p Nguyen ARC ST	
	eld Lakes, Circle	
Florida street address	(P.O. Box NOT acceptable)	
Winter Garden, FI 34	787 FL SS = 7	
City, Sta	ate, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and 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:

"MGR" = Mana		Name and Address:
"MGKM" = Ma	naging Member	
MGR		Phillip Nguyen
		12656 Westfield Lakes. Cir
		Winter Garden, Florida 34787
		The state of the s
(Use attachmen	t if necessary)	
`	• ,	e date of filing: (OPTIONAL)
ICLE V: Effective	date, if other than the	e date of filing: (OPTIONAL)
ICLE V: Effective effective date is li	date, if other than the sted, the date must b	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
ICLE V: Effective	date, if other than the sted, the date must b	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
ICLE V: Effective effective date is li	e date, if other than the sted, the date must b late of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
ICLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.)	pe specific and cannot be more than five business days p
ICLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.)	pe specific and cannot be more than five business days p
ICLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
ICLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.) IGNATURE: Signature of a membration of a membratic step in the step in t	pe specific and cannot be more than five business days per order authorized representative of a member.
ICLE V: Effective effective date is li	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document constraints.	pe specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be more than five business days provide a specific and cannot be specific and cannot be specific as a specific as a specific and cannot be specific as a specific and cannot be specific as a
ICLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.) IGNATURE: Signature of a membration of a membratic step in the step in t	extriction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjudicirein are true.)
ICLE V: Effective effective date is li	date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document constitute the facts stated here.	pe specific and cannot be more than five business days program authorized representative of a member.

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)