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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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W/00000	08348	

Office Use Only

EFFECTIVE DATE 3/4/10



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02/19/10--01002--013 **105.00

02/26/10--01001--018 **20.00

10 MAR -9 AM 7:50

D. BRUCE

MAR 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2010

KERVINS S. JOSEPH 1921 NICOLE LEE CIRCLE, #1110 APOPKA, FL 32703

SUBJECT: SAMY'S KIDSWEAR LLC

Ref. Number: W1000008348

10 MAR -9 AH 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SAMY'S KIDSWEAR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 510A00004767

Division of Cornerations - P.O. ROX 6327 -Tallahassee Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2010

KERVINS S. JOSEPH 1921 NICOLE LEE CIRCLE, #1110 APOPKA, FL 32703

SUBJECT: SAMY'S KIDSWEAR LLC

Ref. Number: W10000008348

We have received your document for SAMY'S KIDSWEAR LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$20.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 910A00004109 TO HAR -9 MH 7: 5

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: SAMYIS KIDS WRAR 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:
Kervins Joseph
. Name of Person
SAWY'S Kids WEAR LLC.
Firm/Company
3201 East Colonial Dr Suit 1) 68
Address
Orlando, FL 32803 City/State and Zip Code Kervins 838 YAhoo. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kervins Joseph at 321, 205-8961
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 & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status \$\times 160.00 Filing Fee, Certificate of Status & 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3201 E. Colonial Dr	1921 mi cole Lee
Suite D 68	Or APTILLO
orlando, FL 32803	APOPKA, FL 32203

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

1921 Ni Cole Lee Cr 40+1110

Florida street address (P.O. Box NOT acceptable)

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)

Page 1 of 2 (CONTINUED)

EFFECTIVE DATE

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 "MGRM" = Managing Member	Name and Address:
MGR	Hervins Joseph 1921 Nicola, Lee Cir # 1110 Apapha, PL32203
(Use attachment if necessary)	
	the date of filing: $03-4-10$. (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	nber or an authorized representative of a member.
(In accordance with of this document control that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.) Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Oreof Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	T E ST