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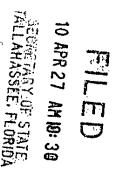
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PICK-UP WAIT MAIL
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D. BRUCE
APR 2 8 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2010

MARK BARNES 2683 BALLARD AVE ORLANDO, FL 32833

SUBJECT: UNA LOKA APPAREL LLC

Ref. Number: W10000018640

FILED

10 APR 27 AM 10: 30

ALLAHASSEE STATE

We have received your document for UNA LOKA APPAREL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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: 110A00009434

COVER LETTER

TO: Registration Division of C				•
SUBJECT:	Ina Loka Ap (Name of Limited	Dare / LLC. Liability Company)		
The enclosed Articles	of Organization and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Mark Ba	rnes		
	(N	ame of Person)		
	Una Loka Ai	opare/LLC irm/Company)		
	(F	irm/Company)	Za	<u>ਂ</u>
26	.83 Bullard F	luc		15 J.L 10 APR 27
		(Address)	ASSE ASSE	27
	1/2000 F/ 32	833	m S	PRI27 AM
	lando, F1. 32 (City/s	State and Zip Code)	E. FLORIC	
For further information	n concerning this matter, please ca	all:	DA G	3
Mark B	e of Person)	ut(321) 217-49	973	
(Nam	e of Person)	(Area Code & Daytime Telep	phone Number)	
Enclosed is a check t	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&
	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 Ci Tallahassee, FL 32301	rcle	

S. 1 .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:	. •
(Must en	Ina Loka Appare / LLC. Ind with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address ar	ess: nd street address of the principal office of the Limited Liability Compar	ıy is:
Principal Office Adda	ress: Mailing Address:	
2683 Ralla Orlando FI	2683 Ballard Ave 32833 Orlando F/32833	
(The Limited Liability Compa business entity with an active		
The name and the Flor	rida street address of the registered agent are:	3
	Name SST 27	
<u></u>	Florida street address (P.O. Box NOT acceptable)	
	FL City, State, and Zip	
liability company a registered agent and a statutes relating to th	as registered agent and to accept service of process for the above stated ling at the place designated in this certificate, I hereby accept the appointment of agree to act in this capacity. I further agree to comply with the provisions the proper and complete performance of my duties, and I am familiar with the one of my position as registered agent as provided for in Chapter 608, F.S.	as of all and
_	Registered Agent's Signature (REQUIRED)	
	·	

(CONTINUED)

Page 1 of 2

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Una Loka Apparel LLC.
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Northwest Registered Agent LLC
(Name)
2022-2 Raymond Diehl Rd
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
City/State/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, Florida Statutes. Dan Kelg-Manage

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)

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)