(Red	questor's Name)	
(Ado	dress)	, , ,
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(City	y/State/Zip/Phon	e #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

G. MCLEOD

JUN 25 2010

**EXAMINER** 



600182382996

06/25/10--01020--015 \*\*125.00

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Mame 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:			
antowan L. Byrd			
Ped apple apparel			
2014 South adams Street			
Tallanassee FL. 32301			
E-mail address: (to be tused for future annual report notification)			
For further information concerning this matter, please call:			
Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee}  \text{\$\sum_{155.00}\$ Filing Fee & \$\sum_{160.00}\$ Filing Fee,}			
Certificate of Status 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mast end with the words "Limited Liability Company, "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:  Mailing Address:  2016 S. Adams St.  Mailing Address:  Addr		
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:  Area of the Port		
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

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	aging Member(s): er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"Mar"	antowan Byrd Farianassel FL 32303
·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the control (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: MLL MLL (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated here	
<u>Hntow94</u> Typ	By rol  ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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