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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

T. CLINE
AUG - 3 2010
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: FASHION TRENDS Apparel 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: |
| LOQN TO Name of Person |
| Fashion Trends Appasel |
| 3835 Callione Ave |
| Port Orange Jonda 32429 City/State and Zip Code KKP Tran O yahrov (on Final address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Loan TO at (216) 255 - 003 U Name of Person at (216) Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee, Certificate of Status Certif |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

Tallahassee, FL 32314

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: |
|--|
| Fashin Trends Aparel CCC (Must end with the words "Limited Liability Company, VL.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: |
| 3835 Callione Ave 3935 Callione Ave port orange port o |
| The name and the Florida street address of the registered agent are: Cuong Trav Name 3035 Calliona Ale Florida street address (P.O. Box NOT acceptable) Port orange FL 32129 City, State, and 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 |

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

| Title: | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MOR | Joan TO 3835 callione Ave |
| Marm | Joan 10 3835 Callione Ave |
| MORM | Cuong Tran 3835 Callype Ave port orange F 32129 |
| | |
| (Use attachment if necessary) | ALCAHAS |
| ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must | the date of filing: 831 9010 (OPTIONAL) to be specific and cannot be more than five business days prior? |
| to or 90 days after the date of filing.) | FLORIDA 52 |
| REQUIRED SIGNATURE: | A 10 |
| | |
| Signature of a men | nber or an authorized representative of a member. |
| (In accordance with of this document co that the facts stated | section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury herein are true.) |
| Lean | Typed or printed name of signee |

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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