Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000190950 3)))



H100001909503ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

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**Enter the email address for this business entity to be used for I annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **BUZZ WEAR APPERAL LLC**

Certificate of Status

Certified Copy

1

Page Count

03

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Corporate Filing Menu

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H10000190950

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | · |
|--|--|
| The name of the Limited Liability Company is: | • |
| D | • |
| SUZZ WEAR APPAREL L (Must end with the words "Limited Liabili | LC |
| format enter write mit moter triumfest tristerite | y Company, "L.D.C., or: LDC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| MIANI EL 33177 | SAME |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations entity with an active Florida registration.) The name and the Florida street address of the registration. | ered Agent. You must designate an individual or another |
| Ricardo Benf Name | के की भी किया है। जिल्ला के किया की कि |
| Name | |
| 174(a) Sw 146 c | ress (P.O. Box NOT acceptable) |
| City, State, a | £254 |
| City, State, a | nd Zip |
| | accept service of process for the above stated limited his 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 Sensure (REQUIRED

(CONTINUED)
Page 1 of 2

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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" = Managin | Name and Address: |
|--|--|
| MGRM | Michael Pevez 7602 Sw 3rd St miams FL B3/47 |
| MGRM | JUAN TEJEDA 13935 EN ISCHIL AVE MIGNI EL 33196 |
| MORM | 17460 July 146 ct Migmy Fr 33177 |
| · · · · · · · · · · · · · · · · · · · | |
| (Use attachment if n | cessary) |
| | |
| • | 1526 N. S. 26 |
| (In of | accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penaltics of perjury at the facts stated herein are true.) |
| - | Typed or printed name of signes |

Piling Foes:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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