

**L10000104629**

**Florida Department of State  
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**To:**

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**From:**

Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
LAMARTINE CLOTHING LINE, LLC**

Certificate of Status	<b>0</b>
Certified Copy	<b>0</b>
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

LAMARTINE CLOTHING LINE, LLC

**ARTICLE II ADDRESS**

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

3295 PINEWALK DRIVE N #206

MARGATE, FLORIDA 33063

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

MARTINE JOSEPH

3295 PINEWALK DRIVE N #206

MARGATE, FLORIDA 33063

Having been named as registered agent 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.

x   
MARTINE JOSEPH Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

MARTINE JOSEPH

PO BOX 8715

CORAL SPRINGS, FLORIDA 33075

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.....

x. Martine Joseph  
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.

MARTINE JOSEPH

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