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Special Instructions to	Filing Officer:			
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COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJ	ECT: T-S	hirt Bordello, L.L.	C.	
		Name of Limit	ed Liability Company	
The er	nclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this matt	ter to the following:	
	Donald	d Michael Myers		
		•	Name of Person	
	T-Shirt	Bordello		
			Firm/Company	
	3096 F	Purdom Drive		
			Address	
	<u>Jackson</u>	ville, FL 32223		ZOHO O
	don@tsh	nirtbordello.com	y/State and Zip Code	CT II
		E-mail address: (to be used to	for future annual report notification)	[7] 40 mg
For fu	rther informati	on concerning this matter, please	e call:	
Don	Myers		at (904) 252-1699	
	Na	me of Person	Area Code & Daytime Telephone Number	•
Enclo	sed is a checl	k for the following amount:		
]\$125.0 <u>0</u>	O Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (of Status &
		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

The name of the Limited Liability Company is:						
T-Shirt Bordello, LLC						
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:						
The mailing address and street address	s of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
T-Shirt Bordello	T-Shirt Bordello					
3096 Purdom Drive	3096 Purdom Drive					
Jacksonville FL, 32223	Jacksonville FL. 32223					

ARTICLE I - Name:

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:		20回	
Don Myers		30 B	T. T.
Name			Sharange Ti ramang
3096 Purdom Drive		±-	
Florida street address (P.O. Box NOT acceptable)		IK.	baces.
Jacksonville _{FL} 32223	FLORID	<u> </u>	Section 2
City, State, and Zip		<u>ි</u>	

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Don Myers 3096 Purdom Drive Jacksonville, FL 32223 MGRM Allison Myers 3096 Purdom Drive Jacksonville, FL 32223 (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. Constitutes an affirmation under the penalties of perjury that the latest state and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am aware that any false information submitted in a document to the Department of State and I am a submitted in a document to the Department of State and I am a submitted in a document to the Department of State and I am a submitted in a s

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Don Myers

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

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)