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C. LEWIS

DEC 1 2010

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations	,		
SUBJECT:	Kimulus Appropriate Name of Lim	oare ted Liability Company		
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	Derek Mc	Kinley Sutton		
	Kiimulus A	ppare LLC		
4	03 Hayden F	Rd Apt #104		
	allahassee, FL	32304 ty/State and Zip Code		
	_ dms10d@	Kumulusapparel. for future annual report notification)	one	
For further information concerning this matter, please call:				
Derek	Sutton e of Person	at (904) 449 - 8° Area Code & Daytime Telep	799 phone Number	
Enclosed is a checky	for the following amount:			
6125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & 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 C Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimulus Apparel L (Must end with the words Limited Liability C	ompany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:			
Principal Office Address:	failing Address:			
403 Hayden Rd. Apt. #104 4 Tallahossee, FL 32304 To	03 Hayden Rd. Apt #104 Julahassee, FL 32304			
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 regis	tered agent are:			
403 Hayder Rd. J Florida street address	Apt.#104 (P.O. Box NOT acceptable)			
Tallahassee FL City, State, a	32304 95 47 nd Zip			
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete performaccept the obligations of my position as registere	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FILED

The name and address of each Man		10 UEC - 1 PM 3: 50
Title: "MGR" = Manager	Name and Address:	SECKE MAY OF STATE TALLAHASSEE, FLORID
"MGRM" = Managing Member MGRM	Levek McKinler 403 Hayden Rd. A	y Setton pt.#104
MGRM	Ryan Lee F-re 2416 Forrest Cres	ANKS F Circle
MGRM	Caleb Hornsby 733 W. Pensa colo Tallahassee FL	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more th	2011. (OPTIONAL) an five business days prior
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. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Ryan Franks
Typed or printed name of signee