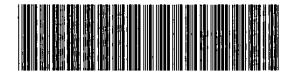
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	. - .

Office Use Only



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12/23/10--01011--021 **160.00

Effective Date 01/01/11

SECRETARY OF STATE DIVISION OF CURPOR PIPER

T. HAMPTON DEC 2 8 2010 EXAMINER

COVER LETTER *

TO: Registration Section Division of Corporations	•
SUBJECT: Fully Involved Clothing Compa	and Apparel, LLC
Name of Edma	Sa Blacking Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Levi Register	Name of Person
	, , <u> </u>
Fully Involved Clothing Company a	
	Firm/Company
492 SW Alamo Dr	
	Address
Lake City, FL 32025	y/State and Zip Code
Fullyinvolvedclothing@yahoo.com	, Sala and S.P 6646
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Levi Register	at (386) 623-6343
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times Certificate of Status	\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Parismation Section	Street/Courier Address Registration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassec, 1 L 32514	Tallahassee, FL 32301

Effective Date 01 01 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	T^T	TO T	NI	-	
AKL	LL	ır. I	- IV	am	c:

The name of the Limited Liability Company is:

Fully Involved Clothing Company and Apparel, LLC

(Must end with the words "Limited Liability Company, "L.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:
492 SW Alamo Dr.	_ 492 SW Alamo Dr.
Lake City, FL 32025	Lake City, FL 32025
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	•
The name and the Florida street addre	ss of the registered agent are:
Levi Register	
	Name
492 SW Alamo D	r
Florid	da street address (P.O. Box NOT acceptable)
Lake City	FL 32025
	City, State, and Zip
	5.5, 5 date, and 5.p

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

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Levi Register
	492 SW Alamo Dr
	Lake City, FL 32025
	, , , , , , , , , , , , , , , , , , ,
 	
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: 0 0 201 . (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: 0 0 201 . (OPTION be specific and cannot be more than five business da
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. 18.408(3) are true.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a management of a mana	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a maximum and a ma	per or an authorized representative of a member. 88.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may aware that any false information under the constitutes a third degree felor of Levi Register	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)
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