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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORIG

COVER LETTER

TO: Registration Division of C			
SUBJECT. Your	Attitude Clothing	LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
Jairo Mo	oralas		
Jano IVIC	naies	Name of Person	
 		Firm/Company	
120 SW	8th Ave Apt 804		
	<u> </u>	Address	
Miami Fl 3	23130		
<u> </u>		y/State and Zip Code	
2jairomora	les@gmail.com	for future annual report notification)	
		-	
For further information	n concerning this matter, please	e call:	
Jairo Morales		at (786) 390-8931	<u> </u>
Name	e of Person	Area Code & Daytime Telephone	Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	60.00 Filing Fee, tificate of Status & tified Copy litional 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
Your Attitude Clothing, L	.LC
(Must end with the words "Li	mited 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:
120 SW 8th Ave Apt 804 Miami, FI 33130	120 SW 8th Ave Apt 804 Miami, Fl 33130
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another.)
The name and the Florida street address	ss of the registered agent are:
Jairo Morales	

Jairo Morales
Name

120 SW 8th Ave Apt 804

Florida street address (P.O. Box NOT acceptable)

Miami Fl 33130

FL

City, State, and Zip

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 ignature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FINATE

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Jairo Morales
	120 SW 8th Ave Apt 804
	Miami, FI 33130
(Use attachment if necessary)	
CLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
	oust be specific and cannot be more than five business days
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)