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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Off the	Suff Men + Women's apparel, L.
. Na	ame of Limited Liability Company
The enclosed Articles of Organization an	nd fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Jennife	r Petrella
	Name of Person
Off the	Cuff Men & Women's Spearel
3274 W.	Rebble Beach C+
Jecusto F.	- 34461
	City/State and Zip Code
Jendon	trus or tho. net s: (to be used for future annual report notification)
E-mail address	s: (to be used for future annual report notification)
For further information concerning this r	natter, please call:
Jes Petrella Name of Person	at (352) 423 - 443 & Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	

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 Company is:		
Off the Cuff Mass of (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	100 mol, 21
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
539 N. C. Frus AVE Crystal Biver FL 34429	3274 W. Pebble Lecento FL 3446	Buch Ct.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an indiv	s Signature: idual or another
The name and the Florida street address of the re	•	
Jennifer Pe Name	trella	
3274 W. Pebb Florida street addi	ress (P.O. Box NOT acceptable)	
Le can to City, Sta	FL 3446/ te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	his certificate, I hereby accept the In I further agree to comply with Formance of my duties, and I a	he appointment as In the provisions of all In familiar with and Chilpter 608, F.S.
Registered Agent's Signatu	are (REQUIRED)	JUL -5 PH
(CONTINU	J ED)	D 114TE STATE STATE

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Holly Peterson 1395 Olympiast Hernado FL34442
MGR	Jennifer Petrella 3274 W. Febble Beach Ct Lecunto F134461
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than neffective date is listed, the date mus	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days p
90 days after the date of filing.)	•
REOUIRED SIGNATURE:	

MED SIGNALI CILE.

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.)

yter tetrell

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)