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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE. FLORID

C. LEWIS

OCT 2 0 2011

EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: KOZ	mic Threadz, LL	С	
bondier		ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this matt	ter to the following:	
Nichole	e C. Chimenti		
		Name of Person	
Kozmi	c Threadz, LLC		
		Firm/Company	
7302 (Gary Avenue		
		Address	
Miami Be	ach, Florida 33141		
		y/State and Zip Code	
kozmicth	readz@gmail.com	for future annual report notification)	
		•	
For further informati	ion concerning this matter, please	e call:	
Nichole C. Cl	nimenti	at (786) 357-977	5
Na	me of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Karmia Throadz II C
Kozmic Threadz, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:		Mailing Address:		
7302 Gary Avenue Miami Beach, Florida 331	<u> </u>	7302 Gary Avenue Miami Beach, Florida 33	141	
Wilding Beach, Florida 331	41	Wildlin Deadil, Florida 00		
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florida The name and the Florida st	anot serve as its own Reg da registration.)	ed Office, & Registered Agent gistered Agent. You must designate an ind e registered agent are:	r's Signature: ividual or Wother LLAH	FI
Vanes	ssa A. Van Cle		19 P ASSEE	1
1780		 Blvd., Apt. 406	PH 1: OF STA E. FLO	
		address (P.O. Box NOT acceptable)	I- 36 LORIDA	,
Sunny	Isles Beach	_{Fr} 33160		

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)

FILED

The name and address of each	or Managing Member(s): 2011 OCT 1/9 1 n Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Memb	SECRETARY 0 Name and Address: TALLAHASSEE.
President	Nichole C. Chimenti
· · · · · · · · · · · · · · · · · · ·	7302 Gary Avenue
	Miami Beach, Florida 33141
Member	Feyzi Pelit
	17800 Atlantic Blvd., Apt. 301
	Sunny Isles Beach, Florida 33160
<u> </u>	
(Use attachment if necessary)	
•	
	than the date of filing: (OPTIONAL)
fective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business days a
RECHIRED SIGNATURE:	
REQUIRED SIGNATURE:	1
REQUIRED SIGNATURE:	
The state of the s	member or an authorized representative of a member
Signature of a (In accordance with sec constitutes an affirmati I am aware that any fal	a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State
Signature of a (In accordance with seconstitutes an affirmati I am aware that any fal constitutes a third degr	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.

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)