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(Document Number)		
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COVER LETTER

Division of Corporations		
SUBJECT: TRENDS 21 FASHION LLC Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
KERRY-ANN JOHNSON Name of Person		
TRENDS 21 FASHION LAC		
Firm/Company		
5423 INTERNATIONAL DRIVE		
Address		
ORCHNOO FLORIDA 32819 City/State and Zip Code		
City/State and Zip Code TRENDS21 FASHION @ GMAIL · COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KERRY-ANN JOHNSON at (407, 617 6467		
Name 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 (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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
TRENDS 21 FASHIE	IN LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5423 INTERNATIONAL ARIVE	SAMÉ
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist	Office, & Registered Agent's Signature: ered Agent, You must designate an individual or another
business entity with an active Florida registration.)	¥SE ⇒
The name and the Florida street address of the r	
KERRY JOHNSN Name	
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5423 INTERNA	TISNALDRIUE Iress (P.O. Box NOT acceptable) TISNALDRIUE STERNALDRIUE TISNALDRIUE TISNALDRIU
	ress (P.O. Box NOT acceptable)
	FL 32819
City, Sta	tte, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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 docum 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.)

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)