

# L 11000136775

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

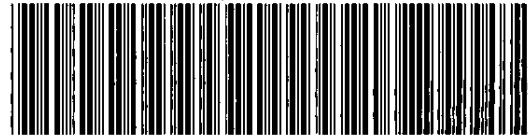
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 DEC -2 PM 5:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC 5 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2011

JAMES F. KERN  
21644 EDGEWATER DRIVE  
PORT CHARLOTTE, FL 33952

SUBJECT: NATIVESON APPAREL, LLC  
Ref. Number: W11000056305

We have received your document for NATIVESON APPAREL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P10000022259 "NATIVE SON APPAREL, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 411A00025095

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATIVESON APPAREL, 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:

JAMES F. KERN  
Name of Person

21644 EDGEWATER DRIVE  
Firm/Company

PORT CHARLOTTE, FL 33952  
Address

(941) 815-7434  
City/State and Zip Code

Nativeson Apparel @ centurylink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES KERN at (941) 815-7434  
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    ☐ \$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 Circle  
Tallahassee, FL 32301

*November 10, 2011*

*Ref: Nativeson Apparel, LLC  
Ref #: W11000056305*

*To whom it may concern,*

*This letter serves as an affidavit that James F Kern or Missy Cummins has no intention of reinstating and wishes to release the name of "Nativeson Apparel Inc. This was under document number P10000022259.*

*I have enclosed my document for Nativeson Apparel, LLC., to be processed. I sent a check originally which the state kept and cashed.*

*If you need any further information or documentation from me please feel free to contact me at 941 815-7434.*

*Thanking you in advance.*

A handwritten signature in black ink that reads "Missy Cummins". The signature is written in a cursive, flowing style.

*Missy Cummins*

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIVE SON 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:

21644 Edgewater Dr.  
Port Charlotte, FL 33952

21644 Edgewater Dr.  
Port Charlotte, FL 33952

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Missy Cummins

Name

25616 Aysen Drive

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

Port Charlotte FL 33983

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Missy Cummins  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

James Kern  
21644 Edgewater Dr.  
Port Charlotte, FL 33952

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(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:**

James F Kern  
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.)

James F Kern  
Typed or printed name of signer

**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)**