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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Neon B	elly Apparel, Ll	LC.	
		ted Liability Company	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
Matthew E	ric Burton		
		Name of Person	
Neon Belly	Apparel, LLC.		
		Firm/Company	
6483 Via R	osa		
		Address	
Boca Raton,	FL 33433		
		ty/State and Zip Code	
	ellyapparel.com E-mail address: (to be used	for future annual report notification)	
For further information con		-	
Matthew Eric Burto	n	_ _{at (} <u>5</u> 61 ₎ 4449626	
Name of P	erson	Area Code & Daytime Tele	phone Number
Enclosed is a check for the	ne 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)
Î I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Effective Date

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Neon Belly Apparel, LLC.	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	f the principal office of the Limited Liability Company is: Mailing Address:
6483 Via Rosa	6483 Via Rosa
Boca Raton, FL 33433	Boca Raton, FL 33433
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:

Matthew Eric Burton

Name

6483 Via Rosa

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

Boca Raton

FL 33433 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 Signature (REQUIRED)

(CONTINUED)

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:

MGRM	Matthew Eric Burton
	6483 Via Rosa
	Boca Raton, FL 33433
	,
	<u> </u>
	
(Use attachment if necessary)	
Ose attachment if necessary)	•
E.W. Weenstire data if otherst	han the date of filing: 01/01/2012 . (OPTIO
	must be specific and cannot be more than five business
days after the date of filing.)	,

Signature of a member of 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.)

Matthew Eric Burton

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)