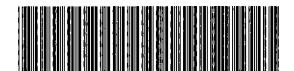
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(Re	equestor's Name)		
(Address)			
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(Cit	ty/State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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G. MCLEOD

JUN 1 8 2012

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	FASHION RISKS LLC.
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	CRACIUN LUCIA
	Name of Person
	Firm/Company
	7520 NW 5th Street #102
	Address
*****	PLANTATION FL 33317
	PLANTATION FL 33317 City/State and Zip Code FASHIONRISKS@GMAIL. COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
Luci	iA CRACIUN a1 (954) 2134668
	Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 Fi	iling Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \$\$Certified Copy (additional copy is enclos
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section
	Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:
FASHION RISKS LL.C.
(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:
rincipal Office Address: Mailing Address:
7520 NW 5th St #102 7520 NW 5th St 102
PLANTATION, FL 33317 PLANTATION: FL 33317
RTICLE 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 pusiness entity with an active Florida registration.)
he name and the Florida street address of the registered agent are: LUCIA CRACIUN Name
Name 7520 NW 5th St #102 Florida street address (P.O. Box NOT acceptable) PLANTATION FL 333/7 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)

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 "MGRM" = Managing Member	Name and Address:
MGR	LUCIA CRACIUN 7520 NW STL ST #102 PLANTATION FL 38317
<u> </u>	
(Use attachment if necessary)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with section 608.4 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the lambda constitutes at th	or an authorized representative of a member. 08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.) CARCIAL ed 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)