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06/11/12--01012--030 **160.00

SECRETARY OF STATE

J. BRYAN

JUN 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Supreme Clothing L.L.C. 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:
Ryan Kerr
Name of Person
Supreme Clothing L.L.C. Firm/Company 4156 Inverrrary Dr # 411 Address Lauderhill,FL 33319 City/State and Zip Code
Firm/Company
4156 Inverrrary Dr # 411
Address CO 2
Lauderhill,FL 33319
City/State and Zip Code
ryke83@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Kerr 484-5714
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
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:	
Supreme Clothing L.L.C.	y Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4156 Inverrary Dr. # 411	4156 Inverrary Dr. # 411
Lauderhill, FL 33319	Lauderhill, FL 33319
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Ryan Kerr	red Agent. You must designate an individual or another
Name	
4156 Inverrary Dr.	. # 411
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Lauderhill,	_{FL} 33319
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	Zin v
"MGRM" = Managing Member	THE STATE OF THE S
Manager	Name and Address: Ryan Kerr
	4156 Inverrary Dr. # 411
	Lauderhill, FL 33319
	\ '/
- Manager -	Convade Kerrs
	4156 Avenue VIII # 411
(Use attachment if necessary)	
TCLE V: Effective date, if other than	n the date of filing: 6/10/2012 . (OPTIONAL st be specific and cannot be more than five business days
TICLE V: Effective date, if other than a effective date is listed, the date mu	n the date of filing: 6/10/2012 . (OPTIONAL set be specific and cannot be more than five business days
TICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days
TICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: 6/10/2012 . (OPTIONAL st be specific and cannot be more than five business days ember or an authorized representative of a member.
TICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in	ist be specific and cannot be more than five business days
TICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in	ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)