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(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
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UNT 2 - 5015 EXAMINES P. 5015

COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	CT. Horne	d Up Apparel, Ll	_C		
50000			ed Liability Com	прапу	<u>,</u>
The enc	losed Articles of	Organization and fee(s) are	submitted for fill	ing.	
Please r	eturn all correspo	ondence concerning this mat	ter to the followi	ng:	
I	Peron He	ath Green			
-			Name of Person		
	Horned U	p Apparel, LLC			
-			Firm/Company		
	1377 Spri	ng Garden Rancl	n Road		
-			Address		
בַ	eleon Spri	ngs, FL 32130			
			y/State and Zip Co	ode	
<u>r</u>	neath_and_j	ennifer@hotmail.co E-mail address: (to be used :		eport notification)	
For furtl	ner information c	oncerning this matter, please	e call:		
Peror	Heath Gre	en	at (386	985-5783	
	Name o	f Person		ode & Daytime Tele	ephone Number
Enclose	ed is a check for	the following amount:	_		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified C (additional co	_	\$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	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center Cassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s;
Horned Up Apparel, LLC	
(Must end with the words "Limited Lial	bility 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:
1377 Spring Garden Ranch Road Deleon Springs, FL 32130	1377 Spring Garden Ranch Road Deleon Springs, FL 32130
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Peron Heath Green	e SSE P
Nam	e Page 1
1377 Spring Gard	
Florida street a	ddress (P.O. Box NOT acceptable)
Deleon Springs	FL 32130
City, S	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:

MGMR	Peron Heath Green 1377 Spring Garden Ranch Road
	Deleon Springs, FL 32130
MGMR	Jennifer Marie Green
· · · · · ·	1377 Spring Garden Ranch Road
	Deleon Springs, FL 32130
(Use attachment if necessary)	

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 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.)

Peron Heath Green

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)