

L12000090583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

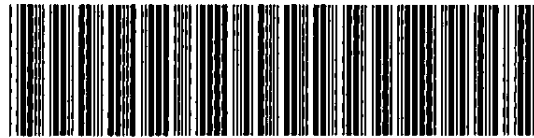
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/12/12--01002--005 **155.00

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12 JUL 11 PM 3:46

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TALLAHASSEE, FLORIDA

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12 JUL 11 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 12 2012

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/11/12

REF. #: 000409.169513

CORP. NAME: LUNAR APPAREL, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100083 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LUNAR APPAREL, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is **LUNAR APPAREL, LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

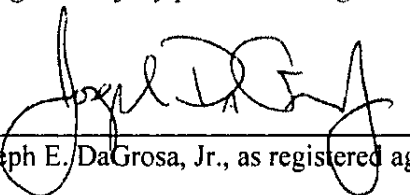
**c/o 1848 Capital Partners LLC
1221 Brickell Avenue, Suite 2660
Miami, Florida 33131**

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

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

**Joseph E. DaGrosa, Jr.
1221 Brickell Avenue, Suite 2660
Miami, Florida 33131**

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.



Joseph E. DaGrosa, Jr., as registered agent

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

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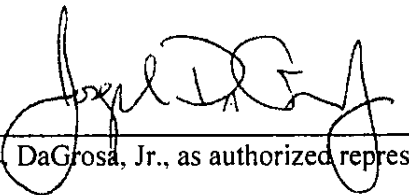
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager is as follows:

MGR

DaGrosa Partners LLC
1221 Brickell Avenue, Suite 2660
Miami, Florida 33131



Joseph E. DaGrosa, Jr., as 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.)

Joseph E. DaGrosa, Jr.
Typed or printed name of signee