## L12000118456

(Re	equestor's Name)	
(Ad	ldress)	
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(6)	n JCkaka iZim IDla aw	- 40
(Cn	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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·	·	·
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR SEP 1 7 2012

**EXAMINER** 



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" SET 14 PH 1:20

SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJI	ECT: Clothes	that Care				
5020		Name of Limite	d Liability Co	mpany		<del></del>
		of Organization and fee(s) are s	•	-		12 SEP ILL PH
Please	return all corresp	ondence concerning this matte	er to the follow	ving:		-
			Ray Castro Name of Person			2
						,
			Firm/Company	,		
	11941 NW 2	26th Street				
	11001 12 1100 1001 12 120		Address	•		
ŗ	Plantation, Fl	orida 33323				
,	rantation, 11		/State and Zip (	Code		
	ctcmanager@	©clothesthatcare.com				
·		E-mail address: (to be used for	or future annual	report notification	1)	
For fur	ther information	concerning this matter, please	call:			
Ray (	Castro		at (954	<sub>)</sub> 821-848	38	
	Name	of Person		Code & Daytime T	Celephone Number	<del></del>
Enclos	sed is a check fi	or the following amount:				
		\$130.00 Filing Fee & Certificate of Status	—Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporati on Building Executive Cente hassee, FL 3230	ons er Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	lity Company, "L.L.C.," or "LLC.")
Clothes that Care LLC.	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11941 NW 26th Street	11941 NW 26th Street
Plantation, FL	Plantation,FL
33323	33323
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an individual or another
Ray Castro	•
Name	<del></del>
11941 NW 26th Street	
Florida street ad	dress (P.O. Box NOT acceptable)
Plantation	FL 33323
City, St	rate, and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. 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" = Managing Member	
MGR	Ray Castro 11941 NW 26th Street Plantation,FL 33323
(Use attachment if necessary)	ne date of filing: (OPTIONA
CLE V: Effective date, if other than the	ne date of filing: (OPTIONAle be specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info	be specific and cannot be more than five business day  ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memical am aware that any false inforcenstitutes a third degree feloman and constitutes and constitutes and constitutes and constitutes a third degree feloman and constitutes and constitutes and constitutes and constitutes a third degree feloman and constitutes and	be specific and cannot be more than five business day  ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memical am aware that any false inforcenstitutes a third degree feloman constitutes a third degree feloman const	be specific and cannot be more than five business day  ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State