## L13000101870

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:		istration S ision of Co	ection rporations			
SUBJE	ere.	Cher	moHatsandCo	mfortPr	oducts.	com LLC
acetw	CI			ed Liability Comp		1 S.
The enc	insec	Articles of	f Organization and fec(s) are s	submitted for filin	<b>g.</b>	JIL 17
Please n	eturn	all corresp	ondence concerning this man	er to the following	g:	SSET
,	Ja	net B	3. Brosan			FLAST
•		······································		Name of Person		RIC
_	Cr	emo	HatsandCom	fortProd	ucts.co	m ,
				Firm/Company		
	88	67 S	.W.16th St			
				Address		
	Bo	ca R	aton, FL 3343	33		
				y/State and Zip Coo		
~	as	sy@cn	emohatsandcomf	•		
For furt	ther i	Normation	concerning this matter, please	cail:		
Jan	et	Bros	an	<b>",561</b>	, 221-7	647
		Name	of Person	Area Coo	ic & Daytime Tole	phone Number
Enclos	ed is	a check f	or the following amount:			
<b>□\$</b> 125.0	00 F	iling Fee	U\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fili 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 Division Clifton	Courier Address uton Section of Corporation Building tecutive Center	8

Tallahassee, FL 32301

		R FLORIDA LIMITED LIABII	
ARTICLE I - Name The name of the I in	e: nited Liability Compa	ıv is:	7
The statute of the Lag	med Elabinty Compar	ıy ıs.	CENT E
	Smotherin on a 1.10		ج الراق الم
ChemoHatsandComfortF (Mus		Liability Company, "L.L.C.," or "LLC.")	- April
	•		P
ARTICLE II - Add		the principal office of the Limited L	ishility Company is:
The matters address	and street montess of	are principal office of the Diffice E	nability Company is.
Principal Office A	ddress:	Mailing Address:	
8867 S.W. 18th st		P.O. Box 880763	
Boca Raton		Boca Reton	
Florida 33433		Florida 33488	<u> </u>
(The Limited Liability Cor husiness entity with an ac	mpany cannot serve as its own zive Florida registration.)	tered Office, & Registered Agent Registered Agent. You must designate an indi	's Signature: vidual or mother
(The Limited Liability Conhusiness entity with an action manne and the F	mpany cannot serve as its own clive Florida registration.) Iorida street address of	Registered Agent. You must designate an indi	's Signature: vidual or mother
(The Limited Liability Conhusiness entity with an action The name and the F	inpany cannot serve as its own cive Florida registration.) Iorida street address of InCorp Services, Inc.	Registered Agent. You must designate an indi	's Signature: vidual or mother
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Pege 1 of 2

(CONTINUED)

MGR" = Manager	Name and Address:
'MGRM" = Managing Membe	
"MGR"	Janet B. Brosen
	8867 S.W. 18th St.
	Boca Raton, FL 33433
	,
,	
······································	
(Use attachment if necessary)	han the date of filing: (OPTION)
LE V: Effective date, if other fective date is listed, the date	han the date of filing: (OPTION) to must be specific and cannot be more than five busine
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Page 2 of 2