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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

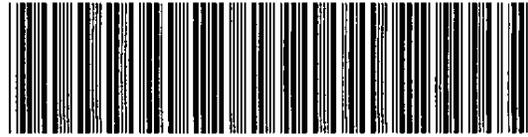
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 13 2013

A. LUNT

Office Use Only



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08/09/13--01023--013 **160.00

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2013 AUG -9 PM 12:40

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Please find the enclosed Articles of Organization for Think Higher Clothing
and payment covering the registration, certificate of status, and certified copy.

Please contact us with any question.

Kory Kelly

1750 N Bayshore Drive Apt 2407

502-542-1701

2013 AUG 6 - 9 PM 13:48

FILED

FILED

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Think Higher Clothing
Name of Limited Liability Company

2013 AUG -9 PM 12:43
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CORPORATION SECTION

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kory Lee Kelly

Name of Person

Think Higher Clothing

Firm/Company

1750 North Bayshore Drive Apt. #2407

Address

Miami, FL 33131

City/State and Zip Code

klke224@g.uky.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kory Lee Kelly

Name of Person

at (**502**) **5421701**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

Street/Courier Address
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:

Think Higher Clothing LLC.

(Must end with the words "Limited Liability 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:

1750 North Bayshore Drive Apt. #2407, Miami, FL, 33131

1750 North Bayshore Drive Apt. #2407, Miami, FL, 33131

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kory Lee Kelly

Name

1750 North Bayshore Drive Apt. #2407

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL, 33131

FL

City, State, and Zip

2013 AUG -9 PM 12:49

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Kory Lee Kelly

1750 North Bayshore Drive Apt. #2407

Miami, FL 33131

MGR _____

Kari Lynn Landry

1750 North Bayshore Drive Apt. #2407

Miami, FL 33131

MGRM _____

Robert M Garland

2764 Fountain View Cir Apt #102

Naples, FL 34109

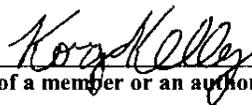
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ARTICLE V: Effective date, if other than the date of filing: August 7, 2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Kory Lee Kelly

Typed or printed name of signer

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)