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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
SOUTH COLORS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**SOUTH COLORS, 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:**

**232 NW 41<sup>st</sup> AVE, MIAMI FL, 33126**

**SAME**

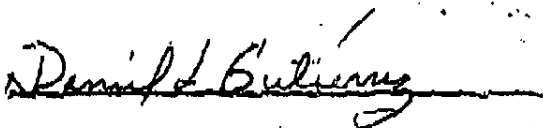
**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**DANIEL L GUTIERREZ, 232 NW 41<sup>st</sup> AVE, MIAMI FL, 33126**

Having been named as registered agent and to accept services 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)**

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(continue)

**ARTICLE IV-Manager(s) or Managing Member(s)**

The name and address of each Manager or managing Member is as follow:

<u>TITLE:</u>	<u>Name and Address</u>
MGR= Manager	DANIEL L GUTIERREZ 232 NW 41 <sup>st</sup> AVE, MIAMI FL , 33126.

MGR

**ARTICLE V:** Effective date, if other than the date of filing, September 24, 2013. (The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**



**SIGNATURE OF THE 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 that the facts stated herein are true.)

Daniel L Gutierrez\_\_\_\_ Type or printer name of signee.

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