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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Modest Formal Wear Specialty LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
natalie Mathews
Firm/Company
1500 Apalachee Phway St. 1335
Tallahassee, Pl 32301 City/State and Zip Code
Oatale Matthews 30 Q Yahoo - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Natale Matthews at (850) 339-3163 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certificate of
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Modest Formal U (Must end with the words "Limited Liabi	Wear Specialty LLC. lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: デタ ズ
Natalie Matthews 1134 Bichardson Boad Tallahas see Fl. 323by 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 r	registered agent are:
Natalie Mat Name	thans_
1130 Richo Florida street add	dress (P.O. Box NOT acceptable)
Tallahassec	FL 3230] ate, and Zip
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Datalie Matthews 1130 Bichardson Road Tallahassee F1. 32301
	13 NOV 20
	AR ID: OF
(Use attachment if necessary)	

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.)

Typed or printed name of signee

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)