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(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	· #)
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TALLARIAS SEE FLOREDA

T. Burch DEE 2 0 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PAY ME In Gold Clothing 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: Name of Person
Firm/Company
INEIM Ave
Burnol, Florida 32110 City/State and Zip Code
- PMIG Clothing @/ amil.com
E-mail address: (to be used for future amual report notification) For further information concerning this matter, please call:
Joshua Wright at (386), 703 5101 Name of Person at (386) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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:	
Pay ME In Gold Clothi (Must end with the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	Sailing Address:
117 Elm ave Bunnell, #1 32110	117 Elm ave ovnnell_F1_32116
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration. Name 117 [M Ave Florida street address Bunnel] City, State, a	Agent. You must designate an individual or another stered agent are: (P.O. Box NOT acceptable) 37110
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. all statutes relating to the proper and complete per and accept the obligations of my portion as registered agent's Signature (CONTINUE).	certificate, I hereby accept the appointment as I further agree to comply with the provisions of erformance of my duties, and I am familiar with ered agent as provided for in Chapter 608, F.S

Page 1 of 2

ARTICLE IV- Manager(s	s) or Managing Member(s):
The name and address of ea	ach Manager or Managing M
Title.	Nama and A

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Morl	Emmanuel J Toro
	117 Elm AVL
. 0	Bunnezi Fl, 32110
MGK	Joshua WriaWt
	12613 Victoria Place (1 #33) 2
	010140 FL 34828
	- 100 m (100 m) (100
	_
	2
(Use attachment if necessary)	
(Use attachment if necessary)	1/1/2014
CLE V: Effective date, if other than	
CLE V: Effective date, if other than effective date is listed, the date m	nust be specific and cannot be more than five business d
CLE V: Effective date, if other than	nust be specific and cannot be more than five business of
CLE V: Effective date, if other than effective date is listed, the date m	nust be specific and cannot be more than five business of

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.)

JA Urlawt 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)