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FEB 1 2 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5D Apparel, LLC	
SUBJECT: 5D Apparel, 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:	
Alberto Castillo - Name of Person	
Name of Person	
50 Apparel, LLC Firm/Company	
1312 Grosvenor Sq. Dr. Address	<u> </u>
Address	
Jacksonville, FL 32207 City/State and Zip Code	
City/State and Zip Code	72
Prberto Dlegmail. Com E-mail address: (to be used for future annual report notification)	```;``;''
E-mail address: (to be used for future annual report notification)	ω 25
For further information concerning this matter, please call:	
Alberto Castillo at 904 521-7343 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fe & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed)	tus &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
The name of the Limited Liability Company is:		
Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principal off		
Principal Office Address:	Mailing Address:	
1312 Grosvenor Sq. Jacksonville, FL 32207	1312 Grosvenor Sq. Jacksonville IFC 32207	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Panother business entity with an active Florida registration	Registered Agent. You must designate an indiv	vidual or
The name and the Florida street address of the registered a		
_Edgard J. Rame	<u></u>	
17102 Boy Scottionida street address (P.O. Box)		
<u>Odessa</u>	FL 33556	
City	Zip	
- GROW	the appointment as registered agent and agree fall statutes relating to the proper and complet gations of my position as registered agent as property.	to act in this e performance
Registered Agent's Signatu	۰۰۰ سند	
(CONTINUE) Page 1 of 2		
•	ACE TO	PH 2: 58

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Alberto Castillo 1312 Grovenor Sacrot Tacksonvillo, FC732207
M 612	Edgard J. Ramos 17102 Boy Scout Rd Odessa, Fl 33556
MAR	John Limenti 2400 1st st. South Jacksonville Beach, #L 32250
MGR	Levi Ratliff 023 Selva Lakes Circle Atlantic Beach, Fl 32233
	•
(Use attachment if necessary) CLE V: Effective date, if other than the date.	ate of filing: (OPTIONAL)
LE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ILE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a region (In accordance with section constitutes an affirmation up I am aware that any false interesting the constitutes are affirmation up I am aware that any false interesting the constitutes are affirmation up I am aware that any false interesting the constitutes are affirmation.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

ARTICLE IV-

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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