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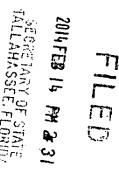
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Grind Time Apparel LLC. Name of Lin	nited Liability Company		
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this management.			
Michael Jorge			
	Name of Person	2014 F	- ₂
	Firm/Company	ANNA T	E E E E E E E E E E E E E E E E E E E
2404 West 9th Ct	Address	FR 2 31	
Grindtimeannarel@vahoo.com	City/State and Zip Code	<u> </u>	
E-mail address: (to be used	d for future annual report notification) ase call:		
Michael Jorge at () Name of Person	786) 942-8425 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee } \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Certificate of Status}	☐\$155.00 Filing Fee & ☐\$160.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy	f Status & py	
Mailing Address Registration Section	Street/Courier Address Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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:	
Grind Time Apparel LLC. (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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2404 West 9th Ct Hialeah. FL 33010	2404 West 9th Ct Hialeah, FL 33010
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Michael Jorge	SSET F
Name	지역 조 1
2404 West 9th Ct Florida street address (P.O. Box	NOT acceptable)
Hialeah	FL 33010
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	
Page 1 of 2	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Michael Jorge
	2404 West 9th Ct
	Hialeah, FL 33010
AMBR	Marilyn Jorge
AWDIX	2404 West 9th Ct
	Hialeah, FL 33010
ANADD	Evette N. Villanueva
AMBR	2404 West 9th Ct
	Hialean, FL 33010
fective date is listed, the date must be sp	e of filing: <u>02/10/2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	e of filing: <u>02/10/2014</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
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REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation undid I am aware that any false inforconstitutes a third degree felorical forces.)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false inforcements a third degree felor Michael Jorge	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)