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Certified Copies	_ Certificates	of Status
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FILING COVERS ACCT. #FCA-23	SHEET					
CONTACT:	Kim Weidenl	oach				
DATE:	04/22/14					
REF. #:	9117093					
CORP. NAME:	INNOVATIV	<u>E FASHION D</u>	ISTRIBUTION, I	<u>.LC</u>		
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF C ( ) OTHER:	CATION		F AMENDMENT L'SERVICE MARK RTNERSHIP		ME	
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PLEASE RETUR	RN:		COST LI	MIT: \$	22 AM IO: 12 RY OF STATE SSEE FLORIDY	
( ) CERTIFIED COPY		CERTIFICATE O	F GOOD STANDING	G (XX)PLA	# P. P. S.	СОРУ

Examiner's Initials

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Innovative Fashion Name of Limit	n Distribution, LLC ited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	iter to the following:		
Sara Coen	Name of Person		
Law Offices of Dr. Sara Coen, P.A.			
	Firm/Company		
5355 Town Center Road, Suite 801	Address		
Boca Raton, Florida 33486	y/State and Zip Code		
sara@scoenlaw.com E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, pleas	e call:		
	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	2014 APR 2	#247000
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	22 AM 10: 12	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	
	shion Distribution, LLC
(Must end with the word	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The state of the s	SAME
Suite 801	SAME
5355 Town Center Road Suite 801 Boca Raton, FL 33486	
Suite 801 Boca Raton, FL 33486 ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.)
Suite 801  Boca Raton, FL 33486  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.)
Suite 801  Boca Raton, FL 33486  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida  The name and the Florida street address of the	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.)
Suite 801  Boca Raton, FL 33486  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the  Sara Coen  5355 Town Center F	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.) registered agent are:  Name
Suite 801  Boca Raton, FL 33486  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the  Sara Coen  5355 Town Center F	d Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or registration.) registered agent are:  Name

Having been named as registered agent and to accept service 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 APR 22 AM IO: 12

Mohammad Akram 5355 Town Center Road, Suite 801 Boca Raton, FL 33486  Federico Gnillon Gonzalez 5355 Town Center Road, Suite 801 Boca Raton, FL 33486  Albino Consoli 5355 Town Center Road, Suite 801 Boca Raton, FL 33486  Albino Consoli 5355 Town Center Road, Suite 801 Boca Raton, FL 33486  VI Effective date, if other than the date of filing:  (In secondance with section 605.0203 (1) (0), 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.)  Mohammad Akram Typed or printed name of signee  Filing Fess:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S. 30.00 Certified Copy (Optional)	Title:	Name and Address:
Mohammad Akram  5365 Town Center Road, Suite 801  Boca Raton, FL 33486  Federico Gruilon Gonzalez  5355 Town Center Road, Suite 801  Boca Raton, FL 33486  Albino Consoil  5365 Town Center Road, Suite 801  Boca Raton, FL 33486  Albino Consoil  5365 Town Center Road, Suite 801  Boca Raton, FL 33486  VI. Effective data, if other than the date of filing:  (In accordance, if other than the specific and cannot be more than five business days prior to or 5 filing.)  VI. Other provisions, if any.  EQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalise of perjury that the first stated here 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 £817.155, F.S.)  Mohammad Akrain  Typed or printed name of signee  Filing Fess:  1125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S. 30.00 Certified Copy (Optional)	'AMBR" = Authorized Member	
Sign Town Center Road, Suite 801  Boca Raton, FL 33486  Federico Grillon Gonzalez 5355 Town Center Road, Suite 801  Boca Raton, FL 33486  Albino Consoli 5355 Town Center Road, Suite 801  Boca Raton, FL 33486  Albino Consoli 5355 Town Center Road, Suite 801  Boca Raton, FL 33486  VI Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to or 5 filing.)  VI: Other provisions, if any.  COURED SIGNATURE:  Line accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation unformation submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)  Mohammad Akram Typed or printed name of signce  Filing Fess:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)		
Boca Raton, FL 33486  Federico Gruillon Gonzalez 5355 Town Center Road, Suite 801  Bora Raton, FL 33486  Albino Consoli 5365 Town Center Road, Suite 801  Boca Raton, FL 33486  Albino Consoli 5365 Town Center Road, Suite 801  Boca Raton, FL 33486   VI Effective date, if other than the date of filing:  4/15/2014  (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or Stilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (5), 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 a 817.155, F.S.)  Mohammad Akrain  Typed or printed name of signee  Filing Feas:  533.000 Certified Copy (Optional)	MGR	
Seattachment if necessary)  Vi. Effective date, if other than the date of filing: 4/15/2014 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  VI. Other provisions, if any.  EQUIRED SIGNATURE: (In accordance with section 693.0203 (1) (0), 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 a 817.155, F.S.)  Mohammad Akrain Typed or printed name of signee  Filing Fees: 3 30.00 Certified Copy (Optional)		
Sign attachment if necessary)  VI Effective date, if other than the date of filing:		Boca Raton, FL 33486
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