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B. BOSTICK

APR 2 5 2014

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Not In Vain Gear, LLC Name of Limited Liability Co	ompany
The enclosed Articles of Organization and fee(s) are submitted for formula of the Please return all correspondence concerning this matter to the following the submitted for formula of the concerning the submitted for the concerning the concerning the submitted for the concerning	_
Quinton Hitchcock Name of Person	on
Not in Vain Gear Firm/Compan	у
989 NW 114th Street Address	
Ocala FL 34475 City/State and Zip	Code
hitchcockquinton@vahoo.com E-mail address: (to be used for future annua	al report notification)
	2 5450
Name of Person Area Code Enclosed is a check for the following amount:	Daytime Telephone Number
□ \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Certificate of Status □ Certified Co (additional cop	opy Certificate of Status &
Registration Section Registration of Corporations Division of Corporations P.O. Box 6327 Clifter Tallahassee, FL 32314 2661	et/Courier Address stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Comp	pany is:				
Not In Vain Gear, LLC	Larth		47 1 (7.11)		
(Must end with the	e words "Limited L	iability Company, "L.L.C.,"	' or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	of the principal offi	ce of the Limited Liability (Company is:		
Principal Office Address:		Mailing Address:			
989 NW 114th Street			·····		
Ocala, FL 34475	<u></u>	Ocala, FL 34475			
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	serve as its own R lorida registration.	egistered Agent. You must (dividual	or
The name and the Florida street address	of the registered a	gent are:			
Quinton Hitch					
	Name				
989 NW 114th Florida street a	Street ddress (P.O. Box <u>I</u>	NOT acceptable)	-		
Ocala		FL 34475	_		
	City	Zip			
Having been named as registered agent the place designated in this certifical capacity. I further agree to comply wi of my duties, and I am familiar with a	te, I hereby accept the the provisions of the provisions of the oblive the ob	he appointment as registered all statutes relating to the pi	d agent and agr roper and comp	ee to ac lete per	t in this formance
			> .	100	 .,
Register	ed Agent's Signatu	re (REQUIRED)		:	is (
			•	(C)	
	(CONTINUE	D)		$\gamma_{\rm d}$	e to
	Page 1 of 2		.: -	ųJ	- 19 ₂₁ -

(Use attachment if necessary) E V: Effective date, if other than the date of filing:	
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