

L14000094743

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000138600 3)))



H140001386003ABOX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
UNIKFIT SPORTSWEAR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Second Request

RECEIVED

14 JUN 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 JUN 12 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 13 2014

H14000138600

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

UnikFit Sportswear LLC

FILED
14 JUN 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Address: 10201 NW 58th St
Doral, FL 33178

Mailing Address: 6030 NW 99th Ave #414
Doral, FL 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Oicangi Gonzalez
6030 NW 99th Ave #414
Doral, FL 33178

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Oicangi Gonzalez	MGRM
Javier Gonzalez	MGRM
Orlando Gonzalez	MGRM

H14000139300

H14000138600

Required Signatures:


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.



Typed or printed name of signee

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)DEPT. OF STATE
TALLAHASSEE, FLORIDA

14 APR 2 PM 4:35

FILED

H14000138600