

L14000096778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400261030574

06/16/14--01051--017 \*\*130.00

EFFECTIVE DATE

2/1/14

FILED  
2014 JUN 16 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 Gulligan JUN 17 2014

Mixmatched Socks, LLC  
3310 Pine Hill Trail  
Palm Beach Gardens, FL 33418  
(561) 876 8482

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: LLC filing for Mixmatched Socks, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Mixmatched Socks, LLC along with the filing fee.

Should you need anything further from me, please contact me.

Sincerely,

  
Dena Sisk Poman

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mismatched Socks, 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:

Dena Sisk Foman  
Name of Person

Mismatched Socks, LLC  
Firm/Company

3310 Pine Hill Trail  
Address

Palm Beach Gardens, FL 33418  
City/State and Zip Code

dsfoman@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dena Sisk Foman at ( 561 ) 876-8482  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mismatched Socks, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3310 Pine Hill Trail  
Palm Beach Gardens, FL 33418

3310 Pine Hill Trail  
Palm Beach Gardens, FL 33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

William Foman

Name

3310 Pine Hill Trail

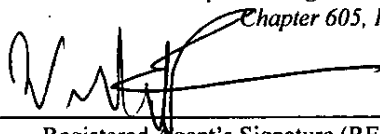
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33418

City

Zip

*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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Dena Sisk Foman

3310 Pine Hill Trail

Palm Beach Gardens, FL 33418

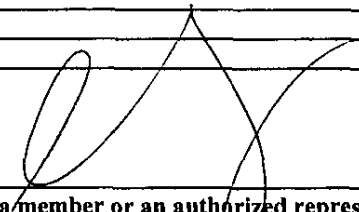
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 2014. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**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.)

Dena Sisk Foman  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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