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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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DIL JUN 24 PM 2: 40 Secretary of State

K.SALY EXAMINER JUN 2 6 2014

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Name of Lin	SPRTSWEAR nited Liability Company	
The enclosed Articles	s of Organization and fee(s) as	re submitted for filing.	
	espondence concerning this m	_	
_h	ESTER PERDON	<i>ч</i> ь.	
		Name of Person	
	HITVES PEOPLE	SPORT SWEAR Firm/Company	
	•	Firm/Company	
		DUE MIAMI, FL.	
		Address	
	MIAH, FL. 33	172 City/State and Zip Code WEAR WOMAIL. QOM	
	, c	City/State and Zip Code	
TITNE	SSPEUPLESPORTSL	WEAR WOMAIL. COM	**************************************
	E-mail address: (to be used	d for future annual report notification	ation)
For further information	on concerning this matter, plea	ase call:	
Lester	PERDONO at (786 503 42 Area Code Daytime Te	760
Nai	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Мя	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	6-20-2014
Thess Feople SPORT	SWEAR "LLC" ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
863 NW 104 AVENUE MIAHI, FL 33172	863NW JOY AVENUE MIAHI, 76 33172
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
TliANA TORIJAN Name	<i>35.</i> 2011
863 NW JOY AVEN	UE MIAM,
Florida street address (P.O. Box I	NOT acceptable)
Hiam.	FL 33172 75 2
City	Zip S
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance entions of my position as registered agent as provided for in 605, F.S
(CONTINUE	D)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	LESTER PERDONO
UC2	863 NW 204 AVENUE
MGK	Tliana TORDANO 863 NW MY AUENVE
(Use attachment if necessary)	
(C3C attachillent if ficeessaty)	
•	the data of filings (0/20/2014 (OPTIONAL)
E V: Effective date, if other tha ective date is listed, the date m	
EV: Effective date, if other that ective date is listed, the date mof filing.)	
EV: Effective date, if other that ective date is listed, the date mof filing.)	the date of filing: <u>6/20/2034</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other that extive date is listed, the date mof filing.)	
E V: Effective date, if other that ective date is listed, the date most filing.) E VI: Other provisions, if any.	
E V: Effective date, if other that extive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	St be specific and cannot be more than five business days prior to or 90 da White the specific and cannot be more than five business days prior to or 90 day January To a member or an authorized representative of a member.
E V: Effective date, if other that extive date is listed, the date most filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with sconstitutes an affirmatical extension of the constitutes an affirmatical extension of the constitutes an affirmatical extension of the constitutes are affirmatical extension of t	of a member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other that ective date is listed, the date mof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation of the constitutes are affirmati	St be specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days prior to or 90 days by the specific and cannot be more than five business days by the specific an
E V: Effective date, if other that extive date is listed, the date most filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmatical am aware that any filestimes and signatures are signatures).	of a member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Itselese information submitted in a document to the Department of State
E V: Effective date, if other that extive date is listed, the date most filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with seconstitutes an affirmation I am aware that any filestimes and signatures).	of a member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2