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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (I) CKA Wear 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:	
Veronica an Schleicher Name of Person	
rikka wear Firm/Company	
5464 Pennoul Point Road	
Typiter FL 33458  City/State and Zip Code  Veconicaschleicher 1 a gmail, com  E-mail address: (to be used for future annual report notification)	and the state of t
Veronicaschleicher 120 gmail, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Veronica Schleicher at 561 379-880 Name of Person Area Code Daytime Telephone Number	2
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee Sertificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	
Tallahassee, FL 32314 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:			
TIKKA WEW LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."	C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:		
Principal Office Address:  5464 Pennock Point Road  Suprter, FC 33458  Mailing Address:  5444 Pennock Print Road  Typiter, FC 33458	11/11/ 345	- 8	ad
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	e an indiv	ridual (	or
The name and the Florida street address of the registered agent are:  Vecchi (A Anne Suhla)  Name  Florida street address (P.O. Box NOT acceptable)  Plant City  FL 33458			
Having been named as registered agent and to accept service of process for the above stated lin the place designated in this certificate. I hereby accept the appointment as registered agent a capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered at Chapter 605, F.St.	i <mark>nd a</mark> gree d complet	to act e perfe	in this rmance
Registered Agent's Signature (REQUIRED)  (CONTINUED)	TALLAHASS	14 AUG	
Page I of 2	ASSTELFLURIDA	5-5 PH 3:55	The server of th

The name and address of each person authorized to	o manage and control the Limited Liability Company:	
Title:  "AMBR" – Authorized Member  "MGR" = Manager  MGC  A MO	Name and Address: Verailica and Schleicher 5464 Pennuck Paint Road Typiter, FL 33458	
MGR	Linda Diane Rustia Schleich 5464 Pennock Point Road	_
(Use attachment if necessary)	7/21/11	
ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and the date of filing.)  ARTICLE VI: Other provisions, if any.	cannot be more than five business days prior to or 90 da	ıys after
(In accordance with section 605.0203 (1) (b), constitutes an affirmation under the penalties of perjury:		,
I am aware that any false information submitted in a doe constitutes a third degree felony as provided for in s.817  Typed of Typ	(.155, F.S.)	
125.00 Filing Fee for Articles of Organization and Desig of Registered Agent 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)	5 PH 3:	
P:	age 2 of 2	

ARTICLE IV-