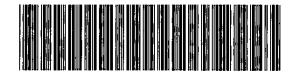
1400014/549

(Requestor's Name)
(Address)
14-141549
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Dogument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeout instructions to rining officer.





800263481538

08/26/14--01024--012 **155.00



SEP 10 2014 N. CAUSSEAUX

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: CJ CLASSY FASHIONS LLC		
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Julia Greenberg-Aquilar		
	Name of Person	
MyUSAcorporation.com		
	Firm/Company	
1 Radisson Plaza, Suite 800		
	Address	
New Rochelle, NY 10801-5769		
C	City/State and Zip Code	
josephstewart8598@omail.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	•	
, , , , , , , , , , , , , , , , , , , ,		
Julia Greenberg-Aguilar at (877) 330-2677	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addi	ress
Registration Section	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	
Tallahassee FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
CT CLASSY FASTION (Must end with the words "Limited")	1 Lizbility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7652 Dine lates Blud Don't St lucie, fl. 34952	18665 14 - XXI 45 6XX
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent, You must designate an individual or
The name and the Florida street address of the registered	avent are:

He ving 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 not in this capacity. I hereby agree to comply with the provisions of all sustates relating to the proper and complete parformance 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.

Jakes

SOC

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

78/20/2014 15:57

S3J9AT2

9141

PAGE 01

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JOSEPH STEWART
	7652 PINE LAKE BLVD.
	PORT ST. LUCIE, FL, 34952

Use attachment if necessary)	
V: Effective date, if other than the date of filing	g:(OPTIONAL)
ctive date is listed, the date must be specific ar	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filing.) EVI: Other provisions, if any.	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
ctive date is listed, the date must be specific ar filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
tive date is listed, the date must be specific ar filing.) VI: Other provisions, if any.	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
etive date is listed, the date must be specific ar filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	nd cannot be more than five business days prior to or 90
tive date is listed, the date must be specific ar filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of	g: (OPTIONAL) nd cannot be more than five business days prior to or 9 r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document

Anthony Morales (Authorized Representative)
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)

Page 2 of 2

14 SEP -9 PM12: 01
SEULLISSEE FLORIDATE
FAIT ATTEMPT OF THE PROPERTY OF THE PR