## UY0014/555

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kolusive K+N Fashon 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:
Kristopher Long Name of Person
•
Firm/Company
4711 Oleander Dr Address
Tallahassee Fl 32305 City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristophev Long at (850) (850) 274-8845  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\square\$\$\$ \$\square\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	NY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
(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:			
4711 oleander Dr Tallahassee 1 FL 132305 Same			
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.)	an individ	dual o	r
The name and the Florida street address of the registered agent are:			
Florida street address (P.O. Box NOT acceptable)		٠	
City FL 32305			
Having been named as registered agent and to accept service of process for the above stated lim the place designated in this certificate, I hereby accept the appointment as registered agent as 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 agent accept the following the complex control of the proper and the provision as registered agent. Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	nd agree to I complete	o act i perfoi	n this rmance
(CONTINUED)			
Page 1 of 2	SECRETARY OF STATE TALLAHASSEE, FLORDA	14 SEP 10 PH 2: 18	FILED

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALL MINKS SEE TO DRING