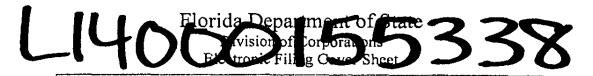
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000232547 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES TING

Account Number: 075350000353

Phone

: (800)221-2972

Fax Number

: (888)692~9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address:			

FLORIDA LIMITED LIABILITY CO. HF SPORTSWEAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

OCT O 6 2014

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

AJ	RTICLES OF ORGANIZAT	ION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name The name of the Lim	e: ited Liability Company is	:
HF SPORTSWEAR, LLC		
	(Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company is:
Principal Office Ad	dress:	Mailing Address:
170 NW SPANISH RIVER	BLVD SUITE 4	170 NW SPANISH RIVER BLVD SUITE 4
BOCA RATON, FL 33431		BOCA RATON, FL 33431
	ity with an active Florida	registered agent are:
	CJL ·	VENTURES, LLC Name
		. 100110
	170 NW SPANISH RIVER BL	
		(P.O. Box NOT acceptable)
	BOCA RATON	FL 33431
	City	Zip
the place designa capacity. I further	nted in this certificate, I her agree to comply with the p	accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance sept the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

AMBR	
	RICHARD SISKIND
	870 LAKE DRIVE
	BOCA RATON, FL 33432
	
of filing.)	and cannot be more than five business days prior to or 90
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	www Hors
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.00 constitutes an affirmation under to I am aware that any false information in the section of	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
Signature of a member (In accordance with section 605.0) constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Signature of a member (In accordance with section 605.0) constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State
Signature of a member (In accordance with section 605.0) constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a RICAHRO SISKINO Typ	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) ed or printed name of signee Filing Fees:
Signature of a member (In accordance with section 605.0) constitutes an affirmation under t I am aware that any false informa constitutes a third degree felony a	or an authorized representative of a member, 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) ed or printed name of signee Filling Fees:

Page 2 of 2

PIVISION OF CONFORATIONS