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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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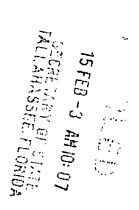
Office Use Only



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FILING CANCELLED RETURNED CHECK



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOOR SILK APPAREL 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:
Jerry Ciarcia Name of Person
Som SILK APPAREL UC
8164 NW 10th Street Unit #3
City/State and Zip Code Serry—Crorcia 12 @ychoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jerry Crarcia at (786) 452 2752 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILING CANCELLED RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:			
_	B SILK A	ADDADEL 1	LLC	
	nd with the words "Limited			.")
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited Lia	bility Company	is:
Principal Office Address:		Mailing Address:		
BIGY NW 10th Unit 3 Miami, FC 33	Street 126	BIGG NW Unit 3 Miami, FC	10th Stre 33126	<u>xet</u>
ARTICLE III - Registered (The Limited Liability Companother business entity with	any cannot serve as its own	Registered Agent. You		an individual or
The name and the Florida stre	eet address of the registered	agent are:		
	Jerry Cr	oria		
 -	· Name	•		
	8164 NW 10 ida street address (P.O. Box	th Street Unit	H # 3	
Flor	ida street address (P.O. Box	(NOT acceptable)		
	Miani	FL 3312	4.	
	City	Zip		
capacity. I further agree to	is certificate, I hereby accep comply with the provisions tiliar with and accept the ob	t the appointment as reg of all statutes relating to	gistered agent at the proper and	nd agree to act in this complete performance
	Registered Agent's Signa	ture (REQUIRED)		2 4
				£8 3
	(CONTINU	(ED)		FEB AHA
	Page 1 of 2	2		B-3 AMIO: C

FILING CANCELLED RETURNED CHECK

<u>Title:</u> "AMBR" = Authorized	l Member	Name and Address:	
"MGR" = Manager	i wiemoei		
	_		
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	_		
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(Use attachment if nec	• ·	iling: January 28, 2015. (OPTIONAL)	
FICLE V: Effective date, if in effective date is listed, the	• ·	iling:	iays
FICLE V: Effective date, if an effective date is listed, the date of filing.)	other than the date of fi e date must be specifi	iling:	iays
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FICLE V: Effective date, if an effective date is listed, the date of filing.)	other than the date of fi e date must be specifi if any.	illing: <u>January 28, 2015</u> . (OPTIONAL) c and cannot be more than five business days prior to or 90 d	iays
FICLE V: Effective date, if in effective date is listed, the date of filing.) FICLE VI: Other provisions, REQUIRED SIGNAT	other than the date of five date must be specific if any. FURE:	y or an authorized representative of a member.	iays
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FICLE V: Effective date, if n effective date is listed, the date of filing.) FICLE VI: Other provisions. REQUIRED SIGNATE (In accordan constitutes a 1 am aware times a 1 am aware ti	other than the date of five date must be specification. FURE: Signature of a member of a	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. 300 submitted in a document to the Department of State.	lays
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)