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COVER LETTER

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	Registration Division of C					
SUBJEC		SHION LLC.				
SUBJEC	· I ·	Name of	Limited Liabil	ity Company		
The encl	osed Articles o	of Organization and fee(s)	are submitted	for filing.		
Please re	turn all corres	pondence concerning this	matter to the	following:		
	CLAUDIA	P. PINZON				
	**************************************		Name of	Person		-
	AM FASH	ION LLC.				
		,	Firm/Co	mpany		-
	193 7 0 COI	LLINS AVE. SUITE PH1	6			
			Addr	ess		-
	SUNNY IS	LES BEACH FL. 33160				
	CLAUDIAP	INZON11@HOTMAIL.	City/State an	d Zip Code		-
		E-mail address: (to be us	ed for future a	ınnual report notificati	on)	_
For further	information c	oncerning this matter, ple	ase call:			
	CLAUDIA	PINZON at (305	3032329		
	Na	me of Person	Area Code	Daytime Telephone	e Number	
Enclosed	is a check for	the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	
	Regis Divis P.O.	ing Address stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons SSEC	JUH 26 BH 9.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AM FASHION LLC.			
(Must end with	h the words "Limited Lia	bility Cor	npany, "L.L.C.," or "LLC.")
TICLE II - Address:			
mailing address and street addr	ess of the principal office	of the Li	mited Liability Company is:
Principal (Office Address:		Mailing Address:
19370 COLLINS AVE.		_	19370 COLLINS AVE. SUITE PH16
SUNNY ISLES BEACH	HFL. 33160		SUNNY ISLES BEACH FL. 33160
E Limited Liability Company car	nnot serve as its own Reg	egistered	
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an action	nnot serve as its own Reg ve Florida registration.)	istered A	Agent's Signature:
e Limited Liability Company can ther business entity with an active name and the Florida street add	nnot serve as its own Reg ve Florida registration.)	istered A	Agent's Signature:
e Limited Liability Company can ther business entity with an active name and the Florida street add	nnot serve as its own Reg ve Florida registration.) Iress of the registered age CLAUDIA P. PINZON	istered A	Agent's Signature:
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e Limited Liability Company can ther business entity with an active name and the Florida street add	nnot serve as its own Reg ve Florida registration.) lress of the registered age CLAUDIA P. PINZON Na 19370 COLLINS AVE. S	istered Annt are: me UITE PH	Agent's Signature: gent. You must designate an individual of

Having 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 act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

31913 JO JUNE 18038 03:6 HW 92 MOF CI

Title: "AMBR" = Authorized Member "MGR" = Manager "AMBR" JAIRO ACOSTA PEDRAZA CRA 53B #118-09 BOGOTA, COLOMBIA "AMBR" ERIKA PINZON ARANGO CRA 53B #118-09 BOGOTA, COLOMBIA "MGR" CLAUDIA P PINZON 19370 COLLINS AVE. APT. PH16 SUNNY ISLES BEACH-FL. 33160 (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft date of filing.) It: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605-0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.8.) JAIRO ACOSTA PEDRAZA Typed or printed name of signee		"AMBR" = Authorized Member		•
"AMBR" Second State Second Stat				• • • •
"AMBR" JAIRO ACOSTA PEDRAZA		"MGR" = Manager		
CRA 53B #118-09 BOGOTA, COLOMBIA "AMBR" ERIKA PINZON ARANGO CRA 53B #118-09 BOGOTA, COLOMBIA "MGR" CLAUDIA P. PINZON 19370 COLLINS AVE. APT. PH16 SUNNY ISLES BEACH-FL. 33160 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft date of filing. Exercise the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) JAIRO ACOSTA PEDRAZA Typed or printed name of signee		"AMBR"	JAIRO ACOSTA PEDRAZA	: .
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