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SECRETARY OF STATE

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COVER LETTER

OUD IE CO	Foxtail Collection, LLC.
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	m all correspondence concerning this matter to the following:
	Desiree M. Kaplan
	Name of Person
	Foxtail Collection, LLC.
	Firm/Company
	1200 West Ave., Suite 1520
	Address
	Miami Beach, FL 33139
(City/State and Zip Code desimkaplan@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Desiree M. Kaplan 786 566-1066
·	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy is enclosed} \ \text{Certified Copy (additional copy is enclosed)} \ Certif

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF	ORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY	ZOIS JUL 27 AM 9: 2. TALLAHASSEE, FLORIDA
TICLE I - Name:				2015 G. F. F.
e name of the Limited Liability	Company is:			JUI 2. The
				TALECRES CAM
Foxtail Collection,LLC	C.			AHARY "9.
		d Liability Company	, "L.L.C.," or "LLC.")	SEE STILL
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RTICLE II - Address: e mailing address and street add	duana aftha muimainal s	effice of the Limited	Liability Companyia	10%
e maning address and street add	aress of the principal (office of the Limited	Liability Company is.	
<u>Principal</u>	l Office Address:		Mailing Address :	
1200 West Ave., Suite	1520	1200	West Ave., Suite 1520	
Miami Beach, FL 331			ni Beach, FL 33139	
				
he Limited Liability Company conter business entity with an ac	cannot serve as its owr etive Florida registration	n Registered Agent. on.)		ual or
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RTICLE III - Registered Agen The Limited Liability Company of the Limited Liability Company of the Limited End of the Plorida street and the name and the Florida street and the ename and the Florida street age designated in this certificate, I ther agree to comply with the profamiliar with and accept the obli	eannot serve as its own etive Florida registration ddress of the registered Brandon Kaplan 1200 West Ave., Sur Florida street address Miami Beach City Gent and to accept serve thereby accept the approvisions of all statutes residue.	n Registered Agent. on.) d agent are: Name ite 1520 ss (P.O. Box NOT a FL State vice of process for the pointment as register relating to the proper	cceptable) 33139 Zip above stated limited liability coed agent and agree to act in this and complete performance of n	ompany at the s capacity. I ny duties, and I
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Page 1 of 2

Title:		Name and Address:
	thorized Member	
'MGR" = Man MGR	ager	Desiree M. Kaplan
MOK		1200 West Ave., Suite 1520
		Miami Beach, FL 33139
		Maria Bodon, 1 B 33 137
· · · · · · · · · · · · · · · · · · ·		
	••	ng: . (OPTIONAL)
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ARTICLE IV-