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(Re	questor's Name)	
(Åd	dress)	
(Add	dress)	,
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
Special Instructions to I	Filing Officer:	

Office Use Only



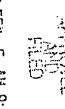
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TO ACKNOWLEDGE SUFFICIENCY OF FILING

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FEB 0 5 2016 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Zey Apparel Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following;
Leonard Cha	nrks Demard III
	Name of Person
	Firm/Company
300 east oran	nge ave
	Address
Jack market appared	32301
City	y/State and Zip Code
Hack market appared	@ smil. com
E-mail address: (to be used to	or future annual report notification)
For further information concerning this matter, please of	call:
Congre Demarcat (& Name of Person Are	289 – SSOS a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Cliffon Building
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	PT.	IC	LE	[-	Na	me:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

300 cast crange ave

Florida street address (P.O. Box NOT acceptable)

Having b wh 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 agr 2 to comply with the provisions of all statutes relating to the proper and complete per 5, some of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605-17 S.,

Sconurd Denneure
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Congre Charles Denner Et	7/_
· .		
effective date is listed, the date must be spe te of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90	•
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of filing.) If the date inserted in this block does not measurement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no	•
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not more ument's effective date on the Department of CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not state's records.	t be listed as
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) If the date inserted in this block does not mocument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menument of this document is executed 1 am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date will not state's records.	t be listed as
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) If the date inserted in this block does not more determined on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menute of the department of the country of the coun	eet the applicable statutory filing requirements, this date will not state's records. Discourse the applicable statutory filing requirements, this date will not state's records. Discourse the applicable statutory filing requirements, this date will not state's records. Discourse the applicable statutory filing requirements, this date will not state with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State	t be listed as