

L16000047344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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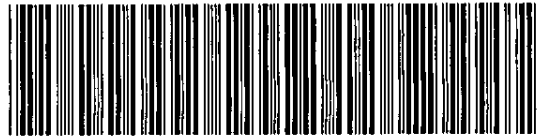
(Business Entity Name)

(Document Number)

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03/10/16--01009--001 **125.00

RECEIVED
16 MAR 10 AM 8:24
SUPREMACY OF FILING

APPROVED
AND
FILED
16 MAR 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sovereignty 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:

Wesley Summers

Name of Person

Sovereignty Apparel, LLC

Firm/Company

371 NE 191 Street Suite 304

Address

Miami, FL 33179

City/State and Zip Code

jarizza72@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Art Day 30 450-9617
Name of Person at () Area 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 & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

03/09/10

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 10 AM 8:36

Sovereignty Apparel LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

371 NE 191 Street suite 304
Miami, FL 33179

371 NE 191 Street suite 304
mIAMI, FL 33179

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:

Wesley J. Summers

Name

371 NE 191 Street suite 304

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

Miami FL 33179

City

State

Zip

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)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

16 MAR 10 AM 8:36

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Wesley Summers

371 NE 191 Street suite 304

Miami, FL 33179

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice President

Donna Summers

371 NE 191 Street suite 304

Miami, FL 33179

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/09/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Additional officers with no authorization to manage or control: Deondra Summers/Secretary - Desmond Summers/Trea Donovan Summers - Asst Sect. - Wesley Matthew Summers - Asst Trea

FEE # 81-1760251

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Wesley J. Summers

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)