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SECRETARY OF STATE

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SKYWAY 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:
Brandi Bryant Name of Person
Firm/Company
2537 Harn Blvd. Unit 4
Clearwater, FL 33764  City/State and Zip Code  bbryant je gmail. com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandi Bryant at (727) 776 4216  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)
Mailing Address Street Address

# 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	File
ARTICLE I - Name:	20/5× 12/2
The name of the Limited Liability Company is:	risen MARIZ
SKYWAY APPAREL, LLC	CALLANDARY PM 3: 00
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ADDICE D.W. A.D.	0/8/0°

## **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
2537 Harn Blvd. Unit 4	2537 Harn Blvd. Unit 4
Clearwater, FL 33764	Clearwater, FL 33764

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:

Brandi Bryo	int	
)ı	√ame	
2537 Harn	Blvd.	Unit 4
Florida street address (I	P.O. Box N	OT acceptable)
Clearwater	FL	33764
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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	A V A +
AMBR	Brandi Bruant 2537 Harn Blvd. Unit 4 Clearwater, FL 33764
HGR	Brandi Brigartt 2537 Harr Blud Unit 4 Clearwater, FL 33764
AMBR	Taylor Manning 2537 Harn Blud Unit 4 Clearwater, FL 33764
MGR	Taylor Manning 2537 Haven Blyd Unit 4 Clearwater, FL 33764
V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not
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