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COVER LETTER

Division of Corporations
SUBJECT: Modest Formal Wear Specialty LL 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:
Notalic Matthews
Name of Person
Firm/Company
PittivCompany
100 N. Adams St
· • • • • • • • • • • • • • • • • • • •
Quincy Fl. 32351 City/State and Zip Code
Octobe Wattherns 30 0 uchoo : COM
natable Matthous 30 0 4400 COM (mail address: (so be used for future annual report notification)
For further assessation concerning this matter, please call:
Nata lie Matthews at (850) 345-4068 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Modest Formal (Must end with the words "Limited Liability Company, "L.)	Near Specialty LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You manother business entity with an active Florida registration.)	Signature:

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

atalie Matthews

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

Faving bermaned as registered agent and to accept service of process for the above stated limited liability company at the $_{T}k$ ce de: kg rated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. T product agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Ian familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

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(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Notatio Mottherns
AMBR	Matalie Matthews
	Havena F1 32333
Name of the State	
	77 m
- Addition	
(Use attachment if necessary)	i i i i i i i i i i i i i i i i i i i
I an effective date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after
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