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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: New Wew Kouture Klosetz 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:
Deshun Yant Dashika Smith
Firm/Company
1561 Blownts town St. Apt 703
Tallahassec Florida, 32309.
E-mail address: (to be used for future annual report notificatio:
For further information concerning this matter, please call:
Deshun Yark at (850) 251-567-7 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int_{125,00}\$ \text{Filing Fee} \text{ \$\int_{130,00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \text{ \$\int_{160,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{160,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}} \text{ \$\int_{155,00}\$ \te
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	E.	1 -	Nε	me:
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The name of the Limited Liability Company is:

New New Kouture Kloset LLC.

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1501 Blown+stown St	1561 Blountstown St
ADT 703 Tall 1	AD+ 703 Tallite 32304
32.304	

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:

Dashika Smith
Name Ch. On the Total
1561 Blountstown St. Apt 703 Florida street address (P.O. Box NOT acceptable)
Tallahasse Fl 32304
City State Zip

Having been named as registered agent and to accept service of process for the coverstant limited liability company at the place designated in this certificate, I hereby accept the appointment as register the generative of this capacity. If further agree to comply with the provisions of all statutes relating to the property complete performance of my dattes, and I amplitude as with and accept the obligations of my position as registered agent as $provide_{sof}$, in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Deshun Vant 1561 Blounistown St. Apt 703
Owner	Dashika Smith 1561 Blountstown St. Apt 703 Tallahassee, Fl. 32309
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fective date is listed, the date must	c date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	not meet the applicable statutory filing requirements, this date will not be listed as
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that an	not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. The amember of an authorized representative of a member. Executed in accordance with section 605,0203 (1) (b), Florida Statutes, of alse information submitted in a document to the Department of State