

APR/21/2016/THU 04:47 PM

4/21/2016

FAX NO.

001/005

# L16000077987

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**

**SLIMUP FASHION, LLC**

Certificate of Status	0
Certified Copy	1
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FAX No.

P. 002/005

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**SLIMUP FASHION, LLC**

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

**ARTICLE II**

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

**Principal Office Address**  
4536 SW 164<sup>TH</sup> PL  
MIAMI, FL 33185

**Mailing Address**  
4536 SW 164<sup>TH</sup> PL  
MIAMI, FL 33185

2016 APR 21 AM 10:13  
PROSTATE COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

**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:***

**R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**  
***Florida Street address (P.O. Box NOT acceptable)***

**MIAMI, FL. 33131**  
***FL City, State, and 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.*

X

***Registered Agent's Signature (REQUIRED)***

## **ARTICLE IV**

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:***

### ***Title:***

***JAIME ALEJANDRO PARRA PATINO***  
***4536 SW 164<sup>TH</sup> PL***  
***MIAMI, FL 33185***

***AUTHORIZED MEMBER 50%***

***MARIA CAROLINA LARICCLA OCHOA***  
***4536 SW 164<sup>TH</sup> PL***  
***MIAMI, FL 33185***

***MANAGER 50%***

## **ARTICLE V**

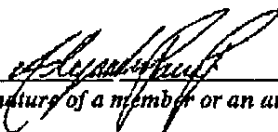
***Effective date, if other than the date of filing (OPTIONAL)***  
***(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)***

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**REQUIRED: SIGNATURE**

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

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**JAIME ALEJANDRO. PARRA PATINO**  
Typed or printed name of signer