

Apr. 25. 2016 3:06PM

James Barkley, Harry G. Reid

107514

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARRY G. REID, III
Account Number : I20010000189
Phone : (407)321-3911
Fax Number : (407)321-1467

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

16 APR 25 AM 11:47
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 04-25-2016 BY 60322

**FLORIDA LIMITED LIABILITY CO.
DNActive Wear LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

APR 26 2016

S. GILBERT

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16 APR 25 PM 3:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Apr. 25. 2016 3:36PM

James A. Barks and Harry G. Reid

No. 0514

P. 2/3

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FILED

**ARTICLES OF ORGANIZATION 16 APR 25 AM 11:47
FOR FLORIDA
LIMITED LIABILITY COMPANY**

FILED
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

DNActive Wear LLC

ARTICLE II - ADDRESS

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

Principal Office Address:

581 North Park Avenue
#1969
Apopka, Florida 32701

Mailing Address:

581 North Park Avenue
#1969
Apopka, Florida 32701

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

**Harry G. Reid, III, P.L.
1120 W. First Street, Suite B
Sanford, Florida 32771**

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)

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ARTICLE IV -

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

Title:

MGR - Manager

Name and Address:

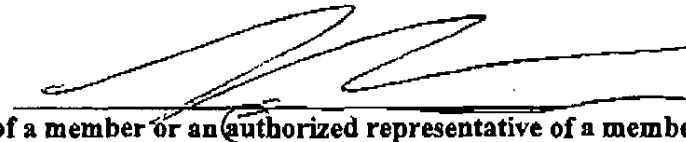
Bennett Circle Investment Group LLC
581 North Park Avenue
#1969
Apopka, Florida 32701

MGR - Manager

Adam Bennett
581 North Park Avenue
#1969
Apopka, Florida 32701

Effective date, is the date of filing.

SIGNATURE:



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 consisted an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

**Harry G. Reid, III
Harry G. Reid, III, P.L.**

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)

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