## 116000083017

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	Find Adventure Apparel			
<b>ЗОБДЕ</b> С		nited Liabilit	y Company	
The encl	losed Articles of Organization and fee(s) ar	e submitted f	or filing.	
Please re	eturn all correspondence concerning this ma	atter to the fo	llowing:	
	Anthony Rios			
		Name of P	'erson	
	Find Adventure Apparel			
		Firm/Con	pany	
	2306 Woods Edge Circle			
		Addres	3S	
	Orlando, FI 32817			
	findadventureapparel@gmail.com	City/State and	Zip Code	
	E-mail address: (to be used	for future an	nual report notifica	ution)
For further	er information concerning this matter, please	e call:		
	Anthony Rios 40 at (	07 \	6254991	
		rea Code	Daytime Telepho	one Number
Enclosed	d is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertified	Filing Fee & I Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	s	treet Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**New Filing Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ibility Company is:			
Find Adventure	Apparel, LLC .			
	end with the words "Limite	d Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Addr	<u>ess</u> :
2306 Woods E	dge Circle			
Orlando, FL 32		230	6 woods edge cir	
		Orla	indo, FL 32817	
(The Limited Liability Companother business entity with The name and the Florida str	an active Florida registrati	ion.)	. ou must designate all the	uuai Oi
	Anthony Rios	NT.		
		Name		
	2306 Woods Edge	e Circle		
	Florida street addre	ss (P.O. Box <b>NOT</b> a	cceptable)	
	Orlando	FI	32817	
	City	State	Zip	
Having been named as registe place designated in this certific further agree to comply with th am familiar with and accept th	cate, I hereby accept the applied provisions of all statutes are obligations of my position	pointment as register relating to the proper	ed agent and agree to act to and complete performance as provided for in Chapter	in this capacity. I ce of my duties, and I
		(CONTINUED)		
		Page 1 of 2		As 3

the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Anthony Rios  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
Ambra Anthony Rios 2306 Woods Edge Circle Orlando, FL 32817  Jinan Shami 1417 Waukon Circle Casselberry, FL32707  E.V: Effective date, if other than the date of filing:		Member
AMBR  Jinan Shami 1417 Waukon Circle Casselberry, FL32707  Use attachment if necessary)  3.V: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.  3.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  Anthony Rios  Typed or printed name of signee  Filing Fees:  \$10.00 Cartified Committees of Organization and Designation of Registered Agent		<b></b> .
Orlando, FL 32817  Jinan Shami  1417 Waukon Circle  Casselberry, FL32707  EV: Effective date, if other than the date of filing:	AMBR	Anthony Rios
Use attachment if necessary)  EV: Effective date, if other than the date of filing:		
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.  Anthony Rios  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Orlando, FL 32817
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\$ 5.00 Certificate of Status (Optional)	EV: Effective date, if other ctive date is listed, the diffiling.) the date inserted in this benent's effective date on the EVI: Other provisions, if  EVI: Other provisions, if  REQUIRED SIGNATU  Sig This doce I am awa constitute  At  \$125.00 Filing Fee for \$ 30.00 Certified Cop	Interest than the date of filing:    Coptional   Coptional

ARTICLE IV-