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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: The High Fashion, LLC 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:  |
| Danielle Kristin Lee Name of Person  |
| The High Fashion Firm/Company  |
| 4127 NW 43rd terr.   |
| Address  |
| City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)             |
| For further information concerning this matter, please call:   |
| Antonio Mercodo 35a Boo- 2196  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\frac{1}{2}\$  |
| 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

(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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Principal Office Address:  | Mailing Address:   |
|--|--|
| Gainesville FL 38601   | HIZT NW 43ED terr.   |
| ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)   |  |
| The name and the Florida street address of the registered agen   |  |
| Danielle   | . K. Lee   |
| Nar  | ne ·   |
| Florida street address (P.C  | 2th 87. Apt A  D. Box NOT acceptable)  |
| Gainesville  | F1 32603   |
| City   | State Zip  |
| Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointm further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as reg | ent as registered agent and agree to act in this capacity. I<br>g to the proper and complete performance of my duties, and I |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member                | Name and Address:  |
|---|--|
| "MGR" = Manager   | Danielle Kristin Lee 117 NW 17th St. Apt. A Examesville Pl 32603 Antonio Mercado 117 NW 17th St. Apt. A examesville Fl 32103   |
|   |  |
| (Use attachment if necessary)                           |  |
| ffective date is listed, the date must be e of filing.) | date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days  ot meet the applicable statutory filing requirements, this date will not be lient of State's records. |
| LE VI: 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.

DANFELLE KRISTIN L
Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE

\$ 5.00 Certificate of Status (Optional)