## L16000 18/956

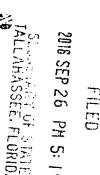
(Red	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	,

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V HERRING SEP 29 2016

## **COVER LETTER**

10:	Division of Corporations		
SUBJE	Rebel Threads, LLC		
SOBJE		Limited Liabil	ity Company
The enc	losed Articles of Organization and fee(s	are submitted	for filing.
Please re	eturn all correspondence concerning this	s matter to the f	following:
	umi selah		
		Name of	Person
		Firm/Co	mpany
	8325 NE. 2nd Avenue, suite 206		
		Addr	ess
	miami, florida 33138		
	madebyrebelthreads@gmail.com	City/State an	d Zip Code
	E-mail address: (to be a	ised for future a	nnual report notification)
For furthe	er information concerning this matter, pl	ease call:	
	umi selah	773	4126094
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
<b>]\$</b> 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	L_JCertifi	90 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			FIL	.ED
The name of the Limited Liability C	ompany is:		2016 SEP 26	PH 5: 19
Rebel Threads, LLC			nny, "L.L.C.," or JLLC:") HASSE	DE CTAN
	the words "Limited	d Liability Compa	ny, "L.L.C.," or LLC.") HASSE	E. FI.ORIDA
ARTICLE II - Address: The mailing address and street address	ss of the principal o	office of the Limit		
Principal O	ffice Address:		Mailing Address:	
8325 NE. 2nd Avenue St Miami, FL 33138	uite 206		325 NE. 2nd Avenue Suite 206 (iami, FL 33138	
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ The name and the Florida street addr	not serve as its own e Florida registratio	Registered Agen on.)		al or
<u>P</u> :	hillip Agnew			
•		Name		
<u>8:</u>	325 NE. 2nd Avenu	ie Suite 206		
F	lorida street addres	s (P.O. Box <u><b>NO</b>)</u>	acceptable)	
М	liami	Florida	33138	
	City	State	Zip	
Having been named as registered agen place designated in this certificate, I he further agree to comply with the provis am familiar with and accept the obligation	reby accept the app ions of all statutes re	ointment as regist eldting to the prop al registered ages	dered agent and agree to act in this over and complete performance of m int as provided for in Chapter 605, i	capacity. I y duties, and I

Page 1 of 2

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Rachel Gilmer
	8325 NE 2nd ave MIAMI, FL 33127
AMBR	
AMBR	
(Use attachment if necessary)	lete of filing: (OPTIONAL)
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does no	late of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 depoint meet the applicable statutory filing requirements, this date will not be set of State's records.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be ent of State's records.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be ent of State's records.
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any files.	e specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be ent of State's records.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)