

# LI700 251493

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

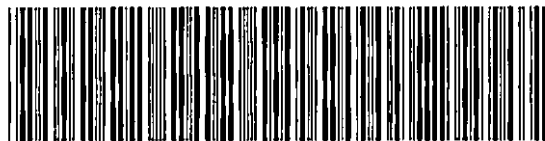
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STATE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 943982 4301184

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : December 7, 2017

ORDER TIME : 11:40 AM

ORDER NO. : 943982-005

CUSTOMER NO: 4301184

DOMESTIC FILING

NAME: STYLECRAFT, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XXX\_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

17 DEC -7 PM 11:40  
STATE  
A

**ARTICLES OF ORGANIZATION  
OF  
STYLECRAFT, LLC**

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The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of Chapter 605 of the Florida Revised Limited Liability Company Act, hereby certifies that:

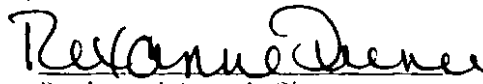
**FIRST:** The name of the limited liability company is Stylecraft, LLC (the "Company").

**SECOND:** The mailing address and street address of the principal office of the Company is 935 F NW 31st Ave., Pompano Beach, FL 33069.

**THIRD:** The name and street address of the registered agent of the Company are:

Corporation Services Company  
1201 Hays Street  
Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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

Roxanne Turner  
Asst. Vice President

**FOURTH:** The name and address of each person authorized to manage and control the Company are:

<u>Title</u>	<u>Name and Address</u>
AMBR	Austin Russo 935 F NW 31st Avenue Pompano Beach, FLA 33069

**FIFTH:** The Company shall, to the fullest extent permitted by the provisions of the Florida Revised Limited Liability Company Act, as the same may be amended and supplemented, indemnify the members, managers, and officers of the Company.

**SIXTH:** 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.

Dated: December 6, 2017

/s/ Arthur M. Rosenberg  
Arthur M. Rosenberg  
Authorized Representative