

L18000011703

Division of Corporations

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
lyrical apparel and promotions llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

1/16/2018 10:14:14 AM

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LYRICAL APPAREL AND PROMOTIONS, 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:

JOHN BIANCHI
Name of Person
LYRICAL APPAREL AND PROMOTIONS, LLC
Firm/Company
31 CRESTVIEW ROAD
Address
NEEDHAM, MA 02451
City/State and Zip Code
JJBNSC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BIANCHI at (781) 540-9592
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
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 Liability Company is:

LYRICAL APPAREL AND PROMOTIONS, LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

31 CRESTVIEW ROAD
NEEDHAM, MA 02492

31 CRESTVIEW ROAD
NEEDHAM, MA 02492

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JEBAC, LLC

Name

550 S. FEDERAL HIGHWAY

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE

FL

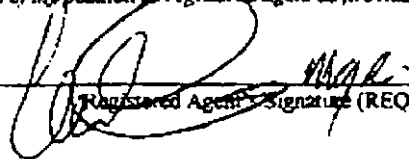
33301

City

State

Zip

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)

(CONTINUED)

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FALLS CHURCH, VA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOHN J. BIANCHI
31 CRESTVIEW ROAD
NEEDHAM, MA 02492

MGR

JEBAC, LLC
550 S. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301

MGR

MAURY WINNICK
5409 NW 122ND DRIVE
CORAL SPRINGS, FL 33076

MGR

SEAN MCNAMARA
3550 GALT OCEAN DRIVE APT 1410
FT LAUDERDALE, FL 33308

(Use attachment if necessary)

****SEE ADDITIONAL MEMBER BELOW

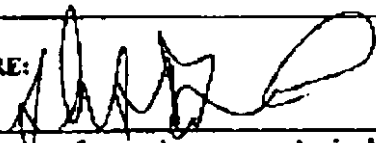
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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.

JOHN BIANCHI

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)

\$ 5.00 Certificate of Status (Optional)

ADDITIONAL MEMBER:

MGR

DUANE GRANT
219 CLIFTON PLACE APT 2
NEWARK, NJ 07112

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STATE OF FLORIDA
DEPARTMENT OF STATE