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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of S	Status
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COVER LETTER ,

TO: New Filing Section Division of Corporations
SUBJECT: 6K 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:
Keilly Lope Z GARCIA Name of Person
Firm/Company
11419 Solaya way Unit 402
ORlando FL 32821 City/State and Zip Code CK FASHION23@GMALL. COM
City/State and Zip Code (3K FASHIO N 23 (2) (5 M Al) (2) (2)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keilly Lope 2 GARCIA at (407) 624 7186 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

ARTIGLE I - Name: The name of the Limited Liability			.y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add					
<u>Principal</u>	Office Address:		Mailing Addre	<u>:88</u> :	
11419 SOLCE UNIT 402 DRIMADO EL	1a way 32821		11419 Solaya wa 1914 402 191ando FL 3282	<u>ay</u>	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act The name and the Florida street ad	annot serve as its owr tive Florida registration dress of the registered	n Registered Agen on.) d agent are:		19 FEB -4 AM OTALLABASSEE. I	T m
	11419 >0	laya Wa	Y UNIT 402	20 S	, O
				25年 G) }
	URlando	FL	32821 Zip	⊳	
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the prov am familiar with and accept the oblig	hereby accept the app visions of all statutes r gations of my position	pointment as regist relating to the proj as registered age.	ered agent and agree to act in per and complete performance	n this capacity. I e of my duties, and	

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR AMBR (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.

George Sanchez-Lojez
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)