To: Page 2 of 5 Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. GRACIEUX APPAREL LLC

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Corporate Filing Menu

Help

SEP 23 AM II:

fax reference H19000284906 3

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	ew Filing Section division of Corporations
SUBJECT	GRACIEUXAPPARELLLC
300360	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please rett	rm all correspondence concerning this matter to the following:
	Name of Person
	FILERIGHTLLC
	Firm/Company
	531416THAVENUESUTTE139
	Address
	BROOKLYN,NY11204
	City/State and Zip Code sales@fileacorp.com
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For further	information concerning this matter, please call:
	RACHEL 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125,001	S130,00FilingFee& S155,00FilingFee& S160,00Filing Fee, CertificateofStatus (additionalcopyisenclosed) CertifiedCopy (additional copy is enclosed) (additional copy is enclosed)
	Muiling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

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ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITY/COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRACIEUXAPPARELLLC

(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:

4700SW34THTERRACE.FLOOR1 FORTLAUDERDALE,FL33312 4700SW34THTERRACE,FLOOR1 FORTLAUDERDALE,FL33312

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:

CHARNAKAMENSKY

Name

4700\$W34THTERRACE,FLOOR1

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

FORT LAUDERDALE FL

33312

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..

/s/ Charna Kamensky

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 SEP 23 AM II: 13

fax reference H19000284906 3

Title:		Name and Address:
"AMBR" =Author		
"MGR" = Manager		CHARNAKAMENSKY
AMIN		4700SW34THTERRACE,FLOOR1
		FORTLAUDERDALE,FL33312
	<u></u>	
(Use attachment if EV: Effective date ective date	e, if other than the date of t	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90
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