## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000300889 3)))



H190003008893ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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. TRAVEL WELL APPERAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	. 03
Estimated Charge	\$130.00

C RICO

OCT 0.9 2019

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR LORIDA LIMITED LIABILITY COMP

FUR		
FLORIDA LIMITED LIABILITY COMPANY	19 (	S!/:
	19 001	Ē
ARTICLE I - Name: The name of the Limited Liability Company is:	-9	4
	-5	COR.
Travel Well Apparel LLC	ن چ <u>ت</u>	, C
	_ <del>.</del> _	IVISION OF CORPORALLY
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liabi  Company is:	ىن	ř
Company is:	lity	
6827 SW 7/94 ST		
A4		
Miani FL 33155		
ARTICLE III - Registered Agent, Registered Office:		
The name and the Florida street address of the registered agent are: (The Limited Liable Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	ltty	
A C - Torial registration)		
Alfredo Doimeadios		
6827 SW 2lst ST		
Miami FL 33155		
APPICIENT		
ARTICLE IV  The name and title of each person authorized to manage and control the Limited	4	
Liability Company: (MGR or AMBR)	-	
Alfredo Doinegadios (AMBR)		
THE PORTEGORD (VIII)	<del></del> -	

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Affredo Domerdios

Typed or printed name of signee

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 here by 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)

Page 2 of 2