

12/27/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6381

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Account Name : AKERMAN LLP - ORLANDO
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Fax Number : (407)843-6610

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

Email Address: SHAVONNE_WILLIAMS2000@yahoo.com

FLORIDA LIMITED LIABILITY CO.
DRESSCODE TECHNOLOGIES, LLC

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
DRESSCODE TECHNOLOGIES, LLC**

ARTICLE I - Name:

The name of the limited liability company is **DRESSCODE TECHNOLOGIES, LLC** (the "Company").

ARTICLE II - Address:

The mailing address and street address of the Company is 1735 Blossomwood Lane, Orlando, Florida 32818.

ARTICLE III - Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company are:

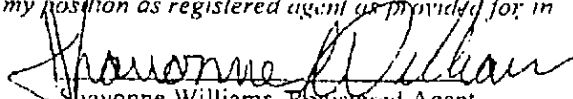
Dress Code Solution, LLC
1735 Blossomwood Lane
Orlando, Florida 32818

ARTICLE V - Registered Agent

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

Shavonne Williams
1735 Blossomwood Lane
Orlando, Florida 32818

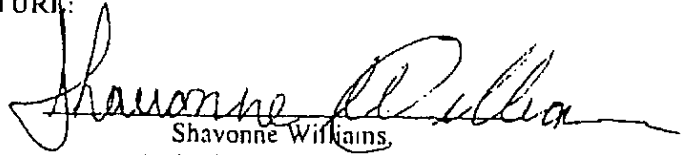
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.


Shavonne Williams, Registered Agent

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REQUIRED SIGNATURE:


Shavonne Williams
Authorized Representative

(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 section 817.155, Florida Statutes.)

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