Florida Department of State Division of Corporat

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.

(((H20000051644 3)))



H200000516443ABCW

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

7	ľn	٠

Division of Corporations

3052201440

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. ** m_{ω}

			-
Email Address:			Г

FLORIDA LIMITED LIABILITY CO. 3 BASIC TEXTIL, LLC

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

DocuSign Envelope ID: 59B6B7A6-5CBF-456E-8B3E-86FD4796DA00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

3 Basic Textil, 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:

8635 NW 102nd CT Doral, FL 33178

8635 NW 102nd CT Doral, FL 33178

ARTICLE ΠI – Registered Agent, Registered Office, & Registered Agent's Signature:

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

MARIA V. GOMEZ-CHOLLETT

8635 NW 102nd CT Doral, FL 33178

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.



TARY OF STATE AHASSEE, FL PILE E

(CONTINUED)
Page 1 of 2

DocuSign Envelope ID: 598687A6-5CBF-456E-8B3E-86FD4796DA00

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

MARIA V. GOMEZ-CHOLLETT

REQUIRED SIGNATURE:

DocuSigned by:
4C51830566A/410...

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.)

MARIA V. GOMEZ-CHOLLETT

Typed or printed name of signee

2020 FEB 19 AM 10: 39
SECTION OF STATE