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	ew Filing Section vision of Corporations
SUBJECT	PUTO FASHION LLC.  Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	m all correspondence concerning this matter to the following:
	America Hombre Agua
	Name of Person
	Firm/Company
	1470 LAUYA STreet
	Address
	clearwater, FL 33755
-	america. Nombre 28 egmail. Com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
,	AMERICA HOMBRE AGVA  Name of Person  Area Code  Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00	Filing Fee \$\bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
	Mailing Address New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PUTD FASHION LLC.

(Must conatin 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:

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:

America Hombre Agua

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

CIEARWATER, FL 33755

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## **ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	AMERICA Hombre Agua 1470 Laura Street clearwater, FL 33755
<del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date must be speci- he date of filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after  et the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I his 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.

America Hombre Agua

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)

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