5/28/2020



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I2019000007

: (786)845-8854

Fax Number : (321)473-3052

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

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FLORIDA LIMITED LIABILITY CO. IT INTERNATIONAL BRANDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

New Filing Section
Division of Corporations TO:

IT INTERNATIONAL BRANDS LLC SUBJECT:
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JESSICATORRES
Name of Person
TAX CARE CELEBRATION
Firm/Company
1400 NW 107TH AVE STE 430
Address
SWEETWATER FL 33172
City/State and Zip Code jessica.torres@taxcareinc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Torres 786 845-8854at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	ellity Company is:		
IT INTERNATIO	NAL BRANDS LLC		
(Must cr	ontain the words "Limited L	iability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the L	.imited Liability Company is:
Princ	cipal Office Address:		Malling Address:
1400 NW 107TH	AVE STE 430		1400 NW 107TH AVE STE 430
SWEETWATER	FL 33172		SWEETWATER FL 33172
The name and the Florida stro	MARCO ALFARO	agent are:	
	1400 NW 107TH AV	E STE 430	
	Florida street address	(P.O. Box )	NOT acceptable)
	SWEETWATER	FL	33172
	City	State	Zip
place designated in this certification further agree to comply with the	ate, I hereby accept the appo e provisions of all statutes re- obligations of my position a	intment as relating to the as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
		(CONTIN	UED)

AMBR  JOSE WILLIAM ACEVEDO FLOREZ CA 28 CONJ MALLORCA VDA CAJICA CUNDIN COLOMBIA 250240  AMBR  CLAUDIA YAMILE SALAZAR ACEVEDO CA 28 CONJ MALLORCA VDA CAJICA CUNDIN COLOMBIA 250240  EV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member of an arthorized representative of a member. This document is executed in accordance with section 695.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S.  JOSE WILLIAM ACEVEDO FLOREZ. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ \$ 30.00 Certificate of Status (Optional)	Citle:	Name and Address:
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