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20 JUN 15 PH 6: 24

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## COVER LETTER

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TO: **New Filing Section** Division of Corporations

20 JUN 16 PM 6: 2:

Hyland brand clothing 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:
Xavier C. Hyland
Name of Person
Hyland brand clothing LLC
Firm/Company
1043 Nw 75th Street
Address
Miami, FL 33150
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Xavier C. Hyland at (305) 397-4477
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy □\$160.00 Filing Fee,

Mailing Address

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

Street Address

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The state of the s	
ARTICLE I - Name: The name of the Limited Liability Company is:	20.JUN 15	PH 6: 2#
Hyland brand clothing LLC		- 14
(Must conatin the words "Limited Liabi	ility 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:	
Principal Office Address:	Mailing Address:	
1043 Nw 75th Street	1043 Nw 75th Street	
Miami, FL 33150	Miami, FL 33150	

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:

Xavier C. Hyland_		
•	Name	
1043 Nw 75th Stree	et	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	eceptable)
Miami	FL	33150
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..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Title:	uuthorized to manage and control the Limited Liability Company 20  Name and Address:
AMBR" = Authorized Member	Name and Address.
MGR" = Manager	
MGR	Xavier C. Hyland
MOR	1043 Nw 75th Street
	Miami, FL 33150
	<del></del>
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EV: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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