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(Requ	uestor's Name)	
(Addı	ress)	
		
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Oivision of Corporations
SUBJECT: Black Agenda Fashions LLC 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:
Janisha Jones Name of Person
Black Agenda Fashions C.L.C.
2816 N. Myrtle Ave
Tacksonville Fla 32209 City/State and Zip Code Janisha Jones 41 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janisha Jones at (904) 600-0558 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 (additional copy is enclosed) □\$160.00 Filing Fee, 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 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

2816 N Myrtle AVE 2816 N Myrtle Ave Jacksonville, Fb 32209 Jacksonville, Fb 32209

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:

Janisha Jones

2816 N. Myrtle Ave Florida street address (PA). Box NOT acceptable)

Jacksonville FL 32209
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)

"AMBR" = Authorized Member "MGR" = Manager MGR Janisha Jones 2816 N Anyrtle Ave Jax, FL 3209	
MGR Jones Janisha Jones Janisha Jones Janisha Jones Janisha Jones Janisha Jones	
Jax, FL 3209	
Jax, F2 3 2209	
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tate of filing.) 2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	not be lis
focument's effective date on the Department of State's records.	
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REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in actordance with section 605,0203 (1) (b). Florida Statutes	s.
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REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in actordance 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.	s.
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