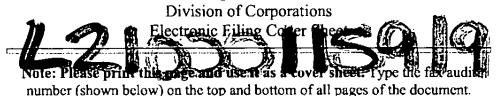
Florida Department of State



(((H21000112260 3)))



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

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

												:	•
**Enter	the	email a	address	for	this	busin	ess	entity	TO	Ъe	used	for	futur
a	nnual	report	. mailin	gs.	Enter	only	one	email	bbs	res	s ple	ase:	**

Email Address:

FLORIDA LIMITED LIABILITY CO. PARANI GLOVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

 ∇C

COVER LETTER

	New Filing So Division of Co				
		arani Glove LLC			
SUBJEC	Л:	Name of Lim	ited Liability Company		
The encle	osed Articles of	f Organization and fee(s) are	submitted for filing.		
Please re	turn all corresp	condence concerning this mat	ter to the following:		
			Name of Person		
			Name of Telson		
			Firm/Company		
			Address		
			(ISSE SEC		
		Ci ben@axslawgrou	ty/State and Zip Code ip.com		
		E-mail address: (to be used t	for future annual report notificat	ion)	
For further	r information co	oncerning this matter, please	call:		
		at ()		
	Nar	ne of Person Ar	ea Code Daytime Telephon	e Number	
Enclosed	l is a check for	the following amount:			
□\$125÷	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	61 254 1202 E 1 TE
		ng Address	Street Address		77. TT
		Filing Section	New Filing Section D The Centre of Tallah		
		ion of Corporations Box 6327	2415 N. Monroe Stre		9
		hassee, FL 32314	Tallahassee, FL 3230		等19 P

ADDRESSED A DA			LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	y Company is:		
	Parani Glove LLC		
(Must conta	in the words "Limited L	iability Company,	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal of	fice of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
1801 NW 66TH A	VE, SUITE 100		
PLANTATION, FI	. 33313		
another business entity with an a	· ·	•	
	AXS LAW GRO	UP PLLC	_
		Name	
	2121 NW 2ND	AVENUE. SUITE	201
	2121 NW 2ND a		
	Florida street address	(P.O. Box NOT ac	cceptable)

the and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Benjamin Wolkov	
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

C/2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MICHAEL PARKER
	1801 NW 66TH AVE. SUITE 100 PLANTATION, FL 33313
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	of filing: (OPTIONAL)
LE V: Effective date, if other than the date	of filing:
LE V: Effective date, if other than the date flective date is listed, the date must be speed of filing.) If the date inserted in this block does not a	meet the applicable statutory filing requirements, this date will not be listed as
I.E. V: Effective date, if other than the date ffective date is listed, the date must be sp e of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
LE V: Effective date, if other than the date flective date is listed, the date must be speed of filing.) If the date inserted in this block does not a	meet the applicable statutory filing requirements, this date will not be listed as
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I.E.V: Effective date, if other than the date flective date is listed, the date must be spec of filing.) If the date inserted in this block does not rement's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
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ILE V: Effective date, if other than the date ffective date is listed, the date must be spend filing.) If the date inserted in this block does not rememt's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: /s/ But Signature of a manual This document is executed any false.	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
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I.E. V: Effective date, if other than the date flective date is listed, the date must be spec of filing.) If the date inserted in this block does not rement's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: /s/ Be	enjamin Wolkov ember or an authorized representative of a member. tited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.