

## **Division of Corporations Electronic Filing Cover Sheet**

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To:

**Division of Corporations** 

Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. Flyy Drip Apparel LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

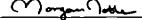
ARTICLE 1 - Name: The name of the Limited Liabil:	ity Company is:				
Flvy Drip Apparel (Must con	•	Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Lis	mited Liability Company is:		
<u>Princip</u>	oal Office Address:		Mailing Address:		
7901 4th St N STE 3 St. Petersburg, FL 3			7901 4th St N STE 300 St. Petersburg, FL 33702		
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an	y cannot serve as its own	n Registered A	Agent's Signature: gent. You must designate an individual or	21 APR 29	
The name and the Florida street	address of the registere	d agent are:	<u> </u>	9 9	[17]
	Northwest Registere	d Agent LLC			
		Name	200	က	
	7901 4th St N STE 3	300		ယ	
	Florida street addres	ss (P.O. Box <u>N</u> o	OT acceptable)		
	St. Petersburg	FL	33702		
	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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Keith Leonard 7901 4th St N STE 300 St. Petersburg, FL 33702
	TAPR 2
(Use attachment if necessary)	
i effective date is listed, the date must be s ate of filing.)	the of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days  t meet the applicable statutory filing requirements, this date will not be list of State's records.
ICLE VI: Other provisions, if any.	



Signature of a member or an authorized representative of a member.

This 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.

Morgan Noble

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)