12100132189

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	_ _	





700363639617

04/08/21--01007--020 **160.00

2021 APR -8 PM 12: 53

COVER LETTER

TO:	New Filing Section Division of Corporations			
CUDII	DIFE' APPAREL LLC			
SUBJI	Name of Limited	d Liability Company		
The en	closed Articles of Organization and fee(s) are su	bmitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	Jeanne Nzegwu			
	7	Name of Person		2821
	DIFE' APPAREL LLC		 . •	ر د د د د
		Firm/Company	***	ည
	1329 Nw 64 St			PH
		Address		ر. نا
	Miami, FL 33147			
	-	State and Zip Code		
	haitianprincess608@gmail.com E-mail address: (to be used for	forture annual maner actification		-
For furt	ner information concerning this matter, please ca		on)	
	Jeanne Nzegwu at (3	05,417-0	251	
	Name of Person Area	Code Daytime Telephone	: Number	
Enclo:	sed is a check for the following amount:			
□\$13	5.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	SS160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	ż
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DIFE' APPAREL LLC	
(Must conatin the words "Limited Liabili	ty Company, "L.E.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office o	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1329 Nw 64 St	1329 Nw 64 St
Miami, FL 33147	Miami, FL 33147
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Jeanne Nzegwu	

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 provision 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..

Name

Florida street address (P.O. Box NOT acceptable)

1329 Nw 64 St

City

Miami

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

<u>Fitle:</u> "AMBR" = Authorized Membe	er
"MGR" = Manager	
AMBR	Jeanne Nzegwu
ANDK	1329 Nw 64 St
	Miami. FL 33147
(Use attachment if necessary)	
ective date is listed, the date n of filing.) the date inserted in this block	an the date of filing:
ective date is listed, the date not filing.) the date inserted in this blockment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date n of filing.)	nust be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ective date is listed, the date not filling.) the date inserted in this block ment's effective date on the Do EVI: Other provisions, it'any.	nust be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ective date is listed, the date not filing.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ective date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signature This document am aware the	nust be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ective date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
ective date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The of a member of an authorized representative of a member, at it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State.
ective date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Te of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee
ective date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Te of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee
setive date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the Jeanne \$125.00 Filling Fee for Articles	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Te of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee
setive date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the deconstitutes at the second provision of the secon	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Te of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee
setive date is listed, the date not filling.) the date inserted in this blockment's effective date on the Do E VI: Other provisions, it any. REOUIRED SIGNATURE: Signation This document I am aware the constitutes a the Jeanne \$125.00 Filling Fee for Articles	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The of a member of an authorized representative of a member. In it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee Filing Fees: cles of Organization and Designation of Registered Agent ptional) us (Optional)
stive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Dockment's Signard This document I am aware the constitutes a the Jeanne S125.00 Filing Fee for Artic's 30.00 Certified Copy (O	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Te of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee
Signari This document I am aware the constitutes a the state of the st	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The of a member of an authorized representative of a member, in is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Nzegwu Typed or printed name of signee Filing Fees: cles of Organization and Designation of Registered Agent ptional) us (Optional)