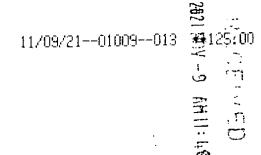
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(300,000)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:
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COVER LETTER

	Filing Section sion of Corporations					
SUBJECT:	втв С	raphix & Apparel, LLC.				
SUBJECT:	Name of I	imited Liability Company				
The enclosed	Articles of Organization and fee(s)	are submitted for filing.				
Please return	all correspondence concerning this	matter to the following:				
		Karlos F. Colon				
_		Name of Person				
	476	5 Old Goldenrod Rd. Ste.1				
_		Firm/Company				
	470	5 Old Goldenrod Rd. Ste.1				
		Address				
		Orlando, FL. 32822				
City/State and Zip Code						
	·	TBGraphix@Gmail.com				
	E-mail address: (to be us	ed for future annual report notificat	ion)			
For further info	ormation concerning this matter, ple	ase call:				
	Karlos F. Colon at (813) 382 - 5870				
_	Name of Person	Area Code Daytime Telephon	ne Number			
Enclosed is a	check for the following amount:					
	iling Fee □\$130.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address	Street Address New Filing Section D	ivisian			
	New Filing Section Division of Corporations	The Centre of Tallah				
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	BTB Graphix &	& Apparel, LLC.				
(Must contain)	the words "Limited	Liability Company,	"1L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street addre	ess of the principal o	office of the Limited	Liability Company is:			
Principal Office Address:			Mailing Address:			
4765 Old Goldenrod Rd. Ste.1 Orlando, FL. 32822			4765 Old Goldenrod Rd. Ste. l Orlando, FL, 32822			
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	mot serve as its own e Florida registratio	(Registered Agent.)		2821 FIGURE - STATE OF		
	K	arlos F. Colon		· ·		
_		Name				
	4765 OI	ld Goldenrod Rd. S	te.l			
Ī	Florida street address (P.O. Box NOT acceptable)					
	Orlando	FL	32822			
	City	State	Zip			
lace designated in this certificate, I he	ereby accept the app sions of all statutes r	cointment as register elating to the proper as registered agent	rabove stated limited liability compared agent and agree to act in this capar and complete performance of my duase provided for in Chapter 605, F.S	city. 1		

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u> "AMBR" = Authorized Member Name and Address: "MGR" = Manager Karlos F. Colon <u>AMBR</u> 4765 Old Goldenrod Rd, Ste.1 (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or ausauthorized representative of a member. This document is executed infaccordance 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.

Filing Fees:

Karlos F. Colon

Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)