## L22000 105651

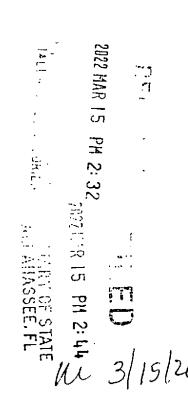
	(Requestor's Name)	
	(Address)	
	(Address)	
_		
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	,	
·	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
<u> </u>		





400383725754

93/16/22--01001--002 \*\*160.00



## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DIGON Wear Palace 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:
Brithrey Shirell Smile Name of Person
Name of Person
Firm/Company
1 min Company
759 W 14 1-10 Address
Tallahure II 32303
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Billing Snik at (850) 556-2344  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 & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □\$125.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Street Address  New Filing Section Division
Division of Corporations  The Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	ED
Uchan Wear alare LLC	2022 HAR 15 PM 2: 44
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FL
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Addres	<u>s</u> :
Tallahaske Fl 3233 Tallahaske Fl	he 3230_3
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 indivanother business entity with an active Florida registration.)	vidual or
The name and the Florida street address of the registered agent are:	
Bri Hry Smith	
- Name	
Florida street address (P.O. Box NOT acceptable)	•
Tallaherre Fl 52305 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabilical place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chapter to Registered Agent's Signature (REQUIRED)	of my duties, and I
(CONTINUED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	$\Omega$ $\downarrow$ $C$ $\downarrow$
<u>mar</u>	British Smith
	JIH 11 32303
	50.00
	<del></del>
	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
	$\sim$
	' ∰ <b>₽</b>
(Use attachment if necessary)	, <u>u</u>
CLEV. Effective data if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)  If the date inserted in this block does not be the date inserted in this block does not be the date inserted.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the offective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the confective date is listed, the date must be to of filing.)  If the date inserted in this block does not be determined by the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the confective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined by the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined in the Department's effective date on the Department of the Departmen	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the offective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not becoment's effective date on the Departm CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days anot meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined by the date on the Department's effective date in this date must be determined by the date of th	anot meet the applicable statutory filing requirements, this date will not be listenent of State's records.  Thember or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined by the date of the Department's effective date on the Department's	anot meet the applicable statutory filing requirements, this date will not be listenent of State's records.  Somewher or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined by the date of the Department's effective date on the Department's	anot meet the applicable statutory filing requirements, this date will not be listenent of State's records.  Somewher or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not be determined by the date of the Department's effective date on the Department's	anot meet the applicable statutory filing requirements, this date will not be listenent of State's records.  Somewher or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)