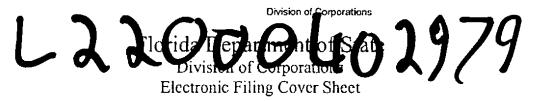
9/16/22, 10:51 AM



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*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. THE HER COLLECTION APPAREL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Her Collection Apparel LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	
13933 Felix Will Road	13933 [
Riverview, Flu 33579	Rivery

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 individual or another business onlity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Karen Felton
Name

13933 Felix Will Road

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

Riverview FL 33579

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

(CONTINUED)

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To:

The turne and address of each per	son authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager AMBP	Karen Felton 13433 Felix Will Root
MCR	Danielle Fe Hon 9423 Sul 41 Street #305 Humman, FL 3303
(If an effective date is listed, the date must the date of filing.)	to date of filing:  the specific and cannot be more than five business days prior to or 90 days after is not meet the applicable statutory filing requirements, this date will not be listed as them of State's records
ARTICLE VI: Other provisions, if any,	The state of the s
REQUIRED SIGNATURE:	Pasca Feston
This document is I am aware that ar	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document of the Department of State degree felony as provided for in s.817.155, F.S.
·	Roven teltan Typed or printed name of signee

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