

LA220006474229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

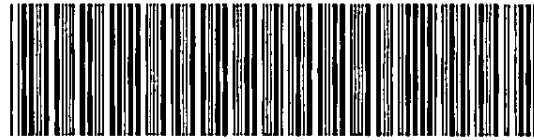
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600396331636

CA
11/11/22

10/31/22--01038--002 **125.00

FILED
2022 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

**WS ACTIVEWEAR LLC
3411 SW 27TH PL
CAPE CORAL, FL 33914**

October 31, 2022

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: W&S Activewear, LLC
L21000504012

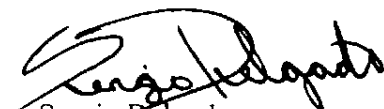
Dear Ladies and Gentlemen,

This letter is to inform you that we are releasing the name W&S Activewear, LLC and we have no intention of reinstating as a new LLC.

We respectfully request that you update your records accordingly. If you have any further questions, please feel free to call my office at 239-481-4114.

We are making application as a new LLC in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,


Sergio Delgado
Managing Member

Enclosures

FILED
2022 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: W&S ACTIVEWEAR 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:

MICHELE M HOOVER

Name of Person

SOLOMON & HOOVER CPAS PLLC

Firm/Company

1342 COLONIAL BLVD STE B-11

Address

FORT MYERS, FLORIDA 33907

City/State and Zip Code

MHOOVER@SOLOMONHOOVER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE HOOVER

239

481-4114

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

W&S ACTIVEWEAR LLC

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

ARTICLE II - Address:

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

Principal Office Address:

3411 SW 27TH PL

CAPE CORAL, FL 33914

Mailing Address:

3411 SW 27TH PL

CAPE CORAL, FL 33914

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 entity with an active Florida registration.)

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

SOLOMON & HOOVER CPAS PLLC

Name

1342 COLONIAL BLVD STE B-11

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

FORT MYERS

FL

33907

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)

FILED
2022 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

SERGIO DELGADO

3411 SW 27TH PL

CAPE CORAL, FL 33914

(Use attachment if necessary)

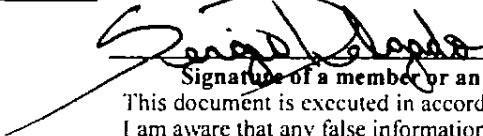
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.

SERGIO DELGADO

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)

FILED
2022 OCT 31 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL