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FLORIDA LIMITED LIABILITY CO.

Tribal Apparel LLC

Certificate of Status	ı
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Page Count	03
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: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Tribal Apparel LLC	
	Must end with the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a	ess: nd street address of the principal office of the Limit	ed Liability Company is:
Principal Office Add	ress: Mailing Address:	
400 PLAZA DR		
SECAUCUS, N.	07004 \$5001	IC NII OZODA
ARTICLE III - Regi	stered Agent, Registered Office, & Registered Agen Company cannot serve as its own Registered Agen	
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office, & Registered Agen Company cannot serve as its own Registered Agen y with an active Florida registration.)	gent's Signature:
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office, & Registered Agen Company cannot serve as its own Registered Agen	gent's Signature: t. You must designate an individ
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office, & Registered Agent Company cannot serve as its own Registered Agenty with an active Florida registration.) rida street address of the registered agent are: Hubco Registered Agent Services, Inc.	gent's Signature: t. You must designate an individ
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office, & Registered Agent Company cannot serve as its own Registered Agenty with an active Florida registration.) rida street address of the registered agent are: Hubco Registered Agent Services, Inc. Name 155 Office Plaza Drive, 1st Floor	gent's Signature: t. You must designate an individ C.

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)

Bruce B. Hubbard

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Krupali Mehta
	1500 Washington St. Apt 5F Hoboken NJ 07030-6735
AMBR	Ramit Aggarwal 401 Lok Shilp Building, Plot #59
	Vashi, Mumbai 400703, India
AMBR	Vikram Mudgil
	A2-1102, Uniworld City, Sector 30
	Gurgaon, Haryana 122001, India
(Use attachment if necessary)	
LE V: Effective date, if other than the c	late of filing: (OPTIONAL)
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LE V: Effective date, if other than the confective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	Statut Sadte member or an account by Statutes, the execution of this document or under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the confective date is listed, the date must be expected of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	Statut Sadte member or an accompany sentative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true: e information submitted in a document to the Department of State