



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2023

STEVEN I. GREENWALD, ESQ.
6971 NORTH FEDERAL HIGHWAY STE 105
BOCA RATON, FL 33487 US

SUBJECT: RUDES LLC
Ref. Number: W23000047827

We have received your document for RUDES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file. *- see attached*

The document number of the name conflict is L20000089606.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 423A00007944

23 MAR 20 AM 4: 11
RECEIVED
TALLAHASSEE

FILED

"RUDES DENIM, LLC"
Art. of organization

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~RUDES, LLC~~ RUDES DENIM, 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:

STEVEN I. GREENWALD, ESQ.
Name of Person
LAW OFFICES OF STEVEN I. GREENWALD, P.A.
Firm/Company
6971 NORTH FEDERAL HIGHWAY, SUITE 105
Address
BOCA RATON, FL 33487
City/State and Zip Code
rudessarah@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven I. Greenwald, Esq. 561 994-5560
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
23 MAR 20 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~RUDES, LLC~~ RUDES DENIM, 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:

Mailing Address:

17175 BLUE BAYOU DRIVE
BOCA RATON, FL 33496

17175 BLUE BAYOU DRIVE
BOCA RATON, FL 33496

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.)

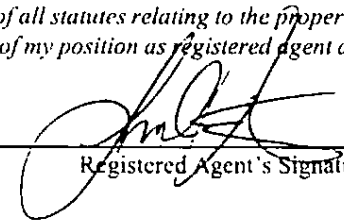
The name and the Florida street address of the registered agent are:

SARAH RUDES
Name

17175 BLUE BAYOU DRIVE
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33496
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)

23 MAR 20 11:20
SECRETARY OF STATE
FALLAHAS

FILED

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

SARAH RUDES
17175 BLUE BAYOU DRIVE
BOCA RATON, FL 33496

AMBR

SARAH RUDES
17175 BLUE BAYOU DRIVE
BOCA RATON, FL 3396

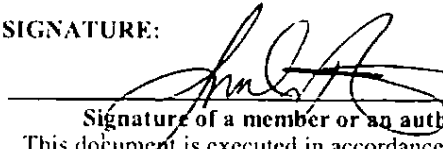
(Use attachment if necessary)

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.

SARAH RUDES
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23 MAR 20 AM 1:20

FILED

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)