Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : I20200000009 Phone : (954)544-1000 Fax Number : (954)678-4500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. THE WEAR HUMAN DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit

The name of the Limited Liability Company is:

THE WEAR HUMAN DEVELOPMENT 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:
23060 SANDALFOOT PLAZA	SAME
BOCA RATON, FL 33428	
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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:

JTAX CORP	
Name	
10055 YAMATO RD STE 206	
Florida street address (P.O. Box NOT acceptable)	

BOCA RATON FL 33498
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)

To:

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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	PRUJA TACTICAL DEFENSE SYSTEM, LLC	SEC 7ALL 2024
	230 VIA D ESTE APT 1506 DELRAY BEACH, FL 33445	— <u>2</u> -
	DEERNI BENON, 1 E 00440	AHA AHA
AAADD	114 BOIO 04 BUENTO DE 040TDO	Z SZT
AMBR	MARCIO SARMENTO DE CASTRO 8776 CHUNNEL TER	O
	BOCA RATON, FL 33433	
		<u> </u>
AMDD	ELLA CUCTOM PUBLICIONE	- 07
AMBR	ELLA CUSTOM BUILDERS LLC 8185 VIA ANCHO RD 880085	—— 二
	BOCA RATON, FL 33488	
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	the date of filing: 01/10/2025 (OPTIONAL)	
(If an effective date is listed, the date mus	t be specific and cannot be more than five business days prior to o	or 90 days after
the date of filing.)		
	es not meet the applicable statutory filing requirements, this date wi	ll not be listed as
the document's effective date on the Depa	rtment of State's records.	
ARTICLE VI: Other provisions, if any.		
SPORTS WEAR RETAIL		
REQUIRED SIGNATURE:	(
	of a member or an authorized representative of a member.	
	s executed in accordance with section 605.0203 (1) (b). Florida Statu	ites.
	ny false information submitted in a document to the Department of S	
constitutes a third	degree felony as provided for in s.817.155, F.S.	
	NUDVANDO COLADEO DATIOTA	
	NIRVANDO COLARES BATISTA Typed or printed name of signee	
	. grant or promess comments of management	

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)