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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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то:	TO: New Filing Section Division of Corporations		
SUBJE	CT: <u>AS X = Nai</u>	TO Appare LLC ne of Limited Liability Company	·
The enc	losed Articles of Organization and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concernir	ng this matter to the following:	
	Zac	hary Douglas Name of Person	
		Firm/Company	
	2268 00		
		Address	
	Palm O.S E-mail address: (to	City/State and Zip Code xin apparel (a) gmail be used for future annual report notificat	ion)
For furthe	r information concerning this matt		,
	Zachary Douglas	at (32) 389-2 Area Code Daytime Telephon	842 ne Number
Enclosed	d is a check for the following amou	int:	/
□\$125.	00 Filing Fee ☐\$130.00 Filin Certificate of S		US160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
AS X IN Apparel 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:
2200 Randolf Are St. Palm Bay, Fraids, 32959	Palm Bay, Ft, 32909

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:

ARTICLE I - Name:

Zachar.	4 Do	uglas	
Name			
2200 Amacu Ave, SE			
Florida street address (P.O. Box NOT acceptable)			
Palm Bay	FL	32907	
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)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Author	Name and Addre	<u>ss:</u>
"MGR" = Manager		
MOR - Manager		
		
		 -
-	•	
		
an effective date is listed. date of filing.) te: If the date inserted in	the date must be specific and cannot be more the this block does not meet the applicable statutory to on the Department of State's records.	an five business days prior to or 90 days afte
TICLE VI: Other provision	ons, if any.	
REQUIRED SIGN	ATURE:	
<u> </u>		
(<u>/)</u>
	Signature of a member or an authorized represent is executed in accordance with section	résentative of a member.
Uf	document is executed in accordance with section	n 605.0203 (1) (b), Florida Statutes.
Vai	n aware that any false information submitted in a d stitutes a third degree felony as provided for in s.8	locument to the Department of State
cor	situics a tillu degree leiony as provided for in s.8	17.133, F.S.
	Typed or printed name of s	ignee
	-	

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)