

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : ANSBACHER & SCHNEIDER, PA

Account Number: 072647001172

Phone

: (904)296-0100

Fax Number

: (904)296-2842

LIMITED LIABILITY COMPANY

seasonalimports.com, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF SEASONALIMPORTS.COM, L.L.C

ARTICLE I

The name of this Limited Liability Company shall be seasonalimports.com, L.L.C., a limited liability company.

ARTICLE II

seasonalimports.com, L.L.C. shall have perpetual existence.

ARTICLE III

seasonalimports.com, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

ARTICLE IV

The principal place of business of seasonalimports.com, L.L.C. shall be 5150 Belfort Road, Building 100, Jacksonville, Florida 32256 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Members from time to time may determine.

The initial registered agent of seasonalimports.com, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida, 32256.

ARTICLE V

	seasonalimports.com, L.L.C. will be managed by its Members.	
executed.	IN WITNESS WHEREOF, these Articles of Organization have been duly	
	Michael N. Schneider Authorized Representative	
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Michael N. Schneider Fl. Bar No. 166929 P.O. Box 551260 Jacksonville, FL 32255-1260 (904) 296-0100 H00000054178 9

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is seasonalimports.com, L.L.C., a Limited Liability Company.

The name and address of the registered agent and office is:

Michael N. Schneider 5150 Belfort Road, Building 100 Jacksonville, FL 32256

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.

Michael N. Schneider, Registered Agent

Date

th 13,2000

SECRE FRANCIS STATE