

L04000084120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

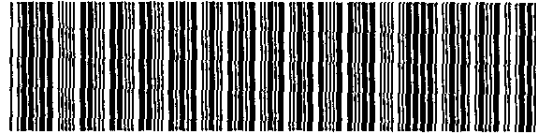
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300042422663

11/12/04--01026--003 **160.00

NOV 12 P 2:34

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: INSTYLE CUTTING II, L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONNI SUE GREEN
ATTORNEY AT LAW
9050 PINES BOULEVARD, SUITE 359
PEMBROKE PINES, FL 33024

For further information concerning this matter, please call:

MEY-LING WONG at (954) 392-3921

Enclosed please find check # 1807 in the amount of \$160.00 for:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
/ Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
TALLAHASSEE, FL
JAN 12 2 34 PM '07

**ARTICLES OF ORGANIZATION
OF
INSTYLE CUTTING II, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I ---- NAME

The name of the limited liability company shall be

INSTYLE CUTTING II, L.L.C.

ARTICLE II ---- ADDRESS

The mailing address and street address of the principal office of the company is

8841 N. BERMUDA DRIVE
MIRAMAR, FL 33025.

ARTICLE III ---- REGISTERED OFFICE AND AGENT

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

RONNI SUE GREEN, ESQUIRE
Pembroke Pines Professional Centre
9050 Pines Boulevard, Suite #359
Pembroke Pines, FL 33024

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designate herein, I hereby accept 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 F.S. Chapter 608.

x 
RONNI SUE GREEN, ESQUIRE

ARTICLE IV --- MANAGERS OR MANAGING MEMBERS

This company shall be a manager managed company.

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM"=Managing Member

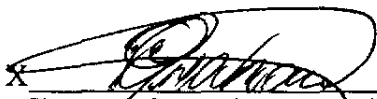
Name and Address:

MGRM

PETER GRAHAM
21455 N. W. 2nd Avenue
Miami, FL 33169

MGRM

PAUL COLE
21455 N. W. 2nd Avenue
Miami, FL 33169



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PETER GRAHAM

Typed or printed name of signee

2011 11 12 P 2:34
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE