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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

sisters by choice, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

M. Thomas AUG 05 2005

M. Thomas AUG 08 2005

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SISTERS BY CHOICE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1600 South Ocean Blvd., #16A  
Hollywood, FL 33019

Mailing Address:

1600 South Ocean Blvd, #16A  
Hollywood, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Evan M. Feldman  
(Name)

5975 Sunset Drive, Suite 601  
(Florida street address)

South Miami, FL 33143  
(City, State and Zip)

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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 608, F.S.

  
(Registered Agent's Signature)

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**ARTICLE IV – Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Nubia Swickle 1600 South Ocean Blvd., #16A Hollywood, FL 33019
MGR	Rhea Adler 1600 South Ocean Blvd., #16A Hollywood, FL 33019

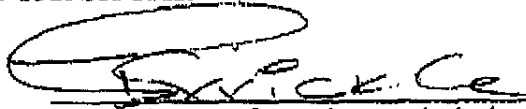
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NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or 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.)

Nubia Swickle  
(Typed or printed name of signee)

Prepared by:  
Evan M. Feldman, Esq.  
Law Offices of Evan M. Feldman  
5975 Sunset Drive, Suite 601  
South Miami, FL 33143

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