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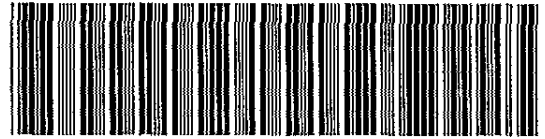
(Business Entity Name)

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TALLAHASSEE, FLORIDA

N. Culligan JAN 31 2006

*Philip A. McLeod, Esq.*

*540 Fourth Street North  
Saint Petersburg, Florida 33701  
Ph.: 727-823-2527  
Facsimile: 727-823-4622*

*January 23, 2006*

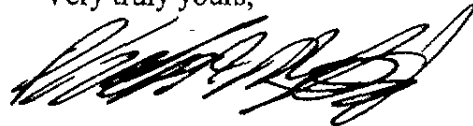
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bella Via Couture, L.L.C.

Gentlemen:

Enclosed please find the Articles of Organization, Designation of Resident Agent, and our check in the amount of \$130.00 for the required filing fee and Certificate of Status. Please send your letter of acknowledgment to this office. Thanking you for your kind attention in this matter, I remain

Very truly yours,



Philip A. McLeod

PAM/mg  
Enclosures

**ARTICLES OF ORGANIZATION**

**OF**

**BELLA VIA COUTURE, L.L.C.**

The undersigned, acting as organizer of a limited liability company under the laws of the State of Florida, adopts the following Articles of Organization for such limited liability company.

*Article 1. Name of Limited Liability Company.* The name of this limited liability company is BELLA VIA COUTURE, L.L.C.

*Article 2. Address.* The mailing address and street address of the principal office of the Limited Liability Company is:

318 Rafael Blvd. N. E., St. Petersburg, Florida 33704

*Article 3. Registered Agent, Registered Office and Registered Agent's Signature.* The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

Name: Philip A. McLeod, Esquire

Address: 540 - 4<sup>th</sup> Street North  
St. Petersburg, FL 33701

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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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

*Article 4. Managing Member.* The name and address of the Managing Member (MGRM) of this limited liability company is:

Name: Doreen D. McLeod

Address: 318 Rafael Blvd N.E., St. Petersburg, Florida 33704

*Effective Date.* Pursuant to Section 608.409, Florida Statutes, the effective date of the existence of the Company shall be *January 23, 2005.*

*In Witness Whereof,* and 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.

*Executed* this 23 day of January, 2005.

  
Doreen D. McLeod, Member/Organizer

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