# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Address:\_\_\_\_\_

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## FLORIDA LIMITED LIABILITY CO. CATO OF FLORIDA L.L.C.

Certificate of Status	Ü
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Page Count	03
Estimated Charge	\$155.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

Frincipal Office Address:	Mading Vacters:
100 Denmark Road 8101	Denmark Rog
harlotte NC 28273 Char	10th NC 2827

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:

C T Corporation Sys	item.	
	Name	
1200 South Pine Ish	and Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324
City	State	Zip

llaving been named as registered agent and to accept service of process for the above stated limited llability 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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> Nathan S. Giffin Asst. Vice President stered Agent's Signature (REQUIRED)

> > (CONTINUED)

.

ARTICLE IV-

"MGR" = Manager  MGR  AMBR	The Cato Corporation  8100 Denmark Road  Charlotte No. 28277
+ AMBR	8100 Drnmark Road
MT	
ctive date is listed, the date must be specific and f filing.)	AUGUST VOIS (OPTIONAL)  I cannot be more than five business days prior to or 90  upplicable statutory filing requirements, this date will not records.
REQUIRED SIGNATURE:	
	1. Reische
REQUIRED SIGNATURE:  Signature of a member of	1-Reis Ale an authorized representative of a member.
Signature of a member of This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a member of This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State
Signature of a member of This document is executed in accit am aware that any false informat constitutes a third degree felony as	an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, for submitted in a document to the Department of State s provided for in s.817.155, F.S.
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