

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

M. HODORE

RATION

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247
Phone : (800)494-3124

Fax Number

: (305)675-2811

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LIMITED LIABILITY COMPANY

Distribution Jacques CoCo-Flannels LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Distribution Jacques CoCo-Flannels LLC

ARTICLE II ADDRESS

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

259 4th Avenue North St Petersburg, FL 33701

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

A1A REGISTERED AGENT INC. / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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PAGE 2 Distribution Jacques CoCo-Flannels LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Jacques Lesage

Managing Member: 11452 South West 10th Ct.

Davie, Florida 33325

Patricia Lesage

Managing Member: 4905 34th Street South #230

St. Petersburg, Florida 33711

Patrece Leonge 7/9/05.

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.)

Patricia Lesage
Typed or printed name of signee

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