L000000 H324



CORPORATION		
<i>> c u m p a n r</i>	ACCOUNT NO. : 072100000032	
	REFERENCE: 892869 7230582	
A	AUTHORIZATION: Patricia Lygito	
	COST LIMIT : \$ 125.00	
ORDER DATE :	November 9, 2000	·
ORDER TIME :		
	: 892869-005 <u>-</u>	
	: 7230582	
	Ms. Karen Balboa Ms. Karen J. Balboa	
)3471508E
Da	Davie, FL 33331	
	DOMESTIC FILING	
NAME:	EBASKETS, LLC	
	EFFECTIVE DATE:_	DEP 8
CERTII	CLES OF INCORPORATION IFICATE OF LIMITED PARTNERSHIP CLES OF ORGANIZATION	RECEIVED NOV 20 PN 3: ARIMENT OF ST NON OF CORFORA
	RN THE FOLLOWING AS PROOF OF FILING:	
CERT:	PIFIED COPY IN STAMPED COPY PIFICATE OF GOOD STANDING	ORIDA

CONTACT PERSON: Susie Knight - EXT. 1156 EXAMINER'S INITIALS:

NOV 20 PH 4: 1

APPROVED FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	\mathbf{E}	[-	Name:	
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The name of the Limited Liability Company is:

EBASKETS, LLC-

ARTICLE II - Address:

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

15125 SOUTHWEST 49TH COURT, DAVIE, FLORIDA 33331

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

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

Co	rporatio	n Ser	vice C	ompany	
		Name		<u></u>	
	1201	Hays	Street	t	
Florida st	reet address	(P.O. B	ox NOT	acceptable)	_
	lahassee	<u> </u>	FL	32301	
	City,	State, a	nd Zip	•	

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

Article IV - Management (Uheck hox if abblicable	Management (Check box if applicable	eck box if applic	Che	. Management	IV .	A rticle
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The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Laura R. Dunlap

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
AHASSEFF, FLORIDA

APPROVED

EBASKETS, LLC MEMBERS LIST

Karen Balboa 15125 Southwest 49th Court Davie, Florida 33331

SECRETARY OF STATE

APPROVED AND FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of EBASKETS, LLC

(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 18 day of Nov , z ooo.

SIGNATURE

Karen Balboa Print Name of Signer

WITNESS:

Signatura /

Print Name of Witness

CATHLERN MASTORO POULOS

Print Name of Witness