

March 7, 2001

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

300003830783--8  
-03/12/01--01098--012  
\*\*\*160.00 \*\*\*160.00

Dear Sir or Madam,

Enclosed please find LLC Articles of Organization and a Check for \$160.00 for the filing fee, designation of registered agent, certified copy and certificate of status.

Regards,

Carolyn Myers-Simmonds For The Firm  
Myers-Simmonds, P.A.  
4801 S. University Drive  
Suite 3010  
Ft. Lauderdale, FL 33328

Tel: (954) 434-5041  
Fax: (954) 434-5091

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

L01-4025  
OK

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

**ARTICLE I Name:**

The name of the Limited Liability Company is: **Top Shops International, LLC**

**ARTICLE II- Address:**

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

**C/o Carolyn Myers-Simmonds, P.A.  
4801 S. University Drive, Suite 3010  
Ft. Lauderdale, FL 3328**

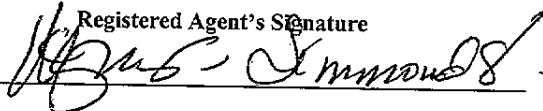
**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Carolyn Myers-Simmonds, P.A.  
4801 S. University Drive, Suite 3010  
Ft. Lauderdale, FL 3328**

*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.*

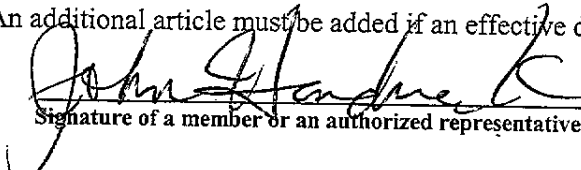
Registered Agent's Signature



**Article IV Management (Check box if applicable.)**

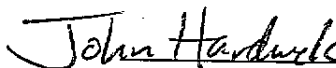
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(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.)

Typed or printed name of signee

 **JOHN HARDWICK**

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SECRETARY OF STATE  
FLORIDA