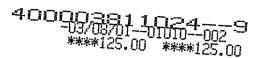
LU100000 4035

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



SUBJECT:

DELILAH'S DEVELOPMENT CORPORATION, LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please si additional \$5 if a certificate of status is needed. The fee for a certified copy is \$ \frac{1}{2} \text{Tr} \text{ is Please send one check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the total amount made payable to the Flore Copy is \$ \frac{1}{2} \text{ is Please send one Check for the Please Send o

FROM:	Roland MORITO JA	
	Name (Printed or typed)	
	1811 N. TAMPA ST	
	Address	,
	TAMPA, Fla. 33602 City, State & Zip	ر. مسر
	City, State & Zip	12/1/20
	813-226-6541	101 Aus
	Daytime Telephone number	\mathcal{A}
		U



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 9, 2001

ROLAND MORITO JR. 1811 N. TAMPA STREET TAMPA, FL 33602

SUBJECT: DELILAH'S DEVELOPMENT CORPORATION, LLC

Ref. Number: W01000005435

We have received your document for DELILAH'S DEVELOPMENT CORPORATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 501A00014626

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELILAH'S DEVELOPMENT COMERTY ... LLC

ARTICLE II - Address:

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

1701 N. Franklin St. Tampa, Fl 33602

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

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

ROLAND MORITO, JR.	35.	0	
Name	L'A L'A	_	
1701 N. Franklin St.			
Florida street address (P.O. Box NOT acceptable)	TAR' ASS	C T	===
Tampa FL 33602	EE C	-	'n
City, State, and Zip	- 	₹	

Having been named as registered agent and to accept service of process for the above stated limited in 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 Stanzaure

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 a	idditional article must be added if an effective date is requested.	
Signature of a member or an authorized representative of a member.		
01	In accordance with section 608.408(3), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury nat the facts stated herein are true.)	
	ROLAND MORITO, JR.	
	Typed or printed name of signee	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- 5 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)