



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000010431

Name and Mailing Address

FILED

PLETING THIS FORM.

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SECRETARY OF STATE. TALE AHASSEE, FLORIDA



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2. New Mailing Address  City, State. Zip					4. State/Court	4. State/Country of Formation  FL  5. Date Organized or Qualified  To Do Business in Florida  06/26/2001		
					5,-Date Organ			
			cipal Place of Business Address			6. FEI Number Applied F 31. 181 0048 Not Applie		
C/O ART FASHION CORPORATIO 745 FIFTH AVENUE, 31ST FLOOR		City_State,:Zip			7.2	\$5.00	Not Applicable  O Additional Fee regulated	
NEW YORK NY 10151						E OF STATUS DESIRED [] for	a Certificate of Status	
8. Name and Add	ress of Current Reg	Jistered Agent	·	9. Name and Address of New Registered Agent Name				
CORPORATION SERV 1201 HAYS STREET		Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301-2525			•					
	· <del></del>		· · · · · · · · · · · · · · · · · · ·	City		<u>FL</u>	Zip Code	
11. Names and Street Addresses of Name	of Each Managing Me	STERED AGEN lember/Manager	er e e e e e e e e e e e e e e e e e e	reet Address of Ea	ach	Date		
Title(s) Name Membe	e of Managing pers/Managers	-		reet Address of Ear aging Member/Man		City / State	a / Zip	
HAVIAGE EDDIE	SE GAI	KRA	1395 N.	W 155	+5 LANE	PENBROKE PINE	5, FL 33028	
					04/017	00150251 03-01035-019		
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				70.7	SINTE	FMFM 03	03	
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	ion the reason for dis	ssolution has be-	een eliminated, the	a limited liability con	ompany name satisfic	ided for in chapter 608, F.S. I ful fles the requirements of section 6 grate, and my signature shall have	608.406, F.S., and that	
Signature of Manager	4	24	Jel.	Date /	15/03	Daytime Phone #212-3	303-5566	