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Requester's Name Requester's Name Address Address City/State/Zip Pho	UBIM #133337	
CORPORATION NAME(S) & DO	Office Use CUMENT NUMBER(S), (if known):	Only
1(Corporation Name) 2(Corporation Name)	(Document #)	FILED 01 OCT 22 PM 3: 2 SECRETARY OF STATITALLAHASSEE, HLORIU
Corporation Name) 4(Corporation Name)	(Document #)	3: 21 STATE LORIDA
Walk in Pick up time Mail out Will wait		ified Copy ificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer Change of Registered Agent Dissolution/Withdrawal Merger	JO46487135 -10/22/0101068024 ****125.00 ****125.00 /Director
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFIC Foreign Limited Partnership Reinstatement Trademark Other	ATION
CR2E031(7/97)	Exami	ner's Initials

OCT 22 PM 3: 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Personal Flair Designs, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1224 NE 15th Avenue, Apt. 1, Fort Lauderdale, Florida 33304

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

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

Cheryl Clayton, Registered Agent 1224 NE 15th Avenue, Apt. 1 Fort Lauderdale, Florida 33304

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 am familiar with and accept the obligations of my position as registered agent as provided for the 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

Clay XX

facts stated herein are true.)

Cheryl Clay

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)