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November 2, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399


Re: FURLA TAMPA, LLC

Enclosed herein please find an original and a copy of the Articles of Organization for the above named Limited Liability Company. Please file the document and return to me a stamped filed copy of the Articles. Enclosed please find a check made payable to Florida Department of State in the amount of \$125.00.

Please return proof of filing to this office in the enclosed Federal Express envelope for your convenience.

Thank you for giving this matter your attention.

Very truly yours,


Katherine E. Mitchell
Legal Assistant

Enc.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FURLA TAMPA, LLC

ARTICLE II - Address:

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

389 Fifth Avenue
New York, NY 10016

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

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

Nationscorp Registered Agents, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301

City, State, and 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..

Ed Hand President

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)

Katherine E. Mitchell

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.)

Katherine E. Mitchell, Authorized Representative

Typed or printed name of signee

FILED
NOV - 7 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENCLOSURE