

W01000022042

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 205-0383

From:

Account Name : DREIER, BARITZ AND COLMAN
Account Number : I20000000130
Phone : (561) 750-0910
Fax Number : (561) 750-5045

LIMITED LIABILITY COMPANY

GOODY BAGS PLUS, L.L.C.

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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W01-22042
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**ARTICLES OF ORGANIZATION
FOR
GOODY BAGS PLUS, L.L.C.**

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company shall be **GOODY BAGS PLUS, L.L.C.** (the "Company").

**ARTICLE II
ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 3225 Equestrian Drive, Boca Raton, Florida 33434.

**ARTICLE III
REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows: Robin Baritz, 3225 Equestrian Drive, Boca Raton, Florida 33434.

**ARTICLE IV
DURATION**

This Company shall have perpetual, unless sooner dissolved in a manner provided by law, as herein set forth or as provided in the Regulations adopted by the members.

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**ARTICLE V
MANAGEMENT**

The Company will be managed by members in accordance with the Company's Operating Agreement. The name and address of the managers are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Robin Baritz	3225 Equestrian Drive Boca Raton, FL 33434
Paula Jeckell	c/o Robin Baritz 3225 Equestrian Drive Boca Raton, FL 33434

**ARTICLE VI
RESTRICTIONS ON MEMBERSHIP**

Members shall have the right to admit or not admit new members as more particularly set forth in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

**ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

Upon the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

19 Executed by the undersigned managing member at Boca Raton, Florida on the day of December, 2001.

GOODY BAGS PLUS, L.L.C.

By: *Robin Baritz*
Robin Baritz, Manager

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 19th day of December, 2001, by Robin Baritz. She (☒) is personally known to me or (☐) has produced _____ as identification.

NOTARY SEAL



Karen L. Richman
Commission # CC 988592
Expires Dec. 17, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Karen L. Richman
Notary Public

My commission expires:

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA

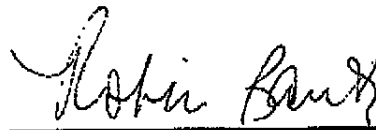
The name of the limited liability company is **GOODY BAGS PLUS, L.L.C.**

The name of the initial registered agent of the limited liability company is **Robin
Baritz, 3225 Equestrian Drive, Boca Raton, Florida 33434.**

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REGISTERED AGENT ACCEPTANCE

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 that 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.



Robin Baritz, Registered Agent

Date: December 19, 2001