Division of Corporations
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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

MDZ-135/10

# LIMITED LIABILITY COMPANY

STITCHES OF DELRAY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 2002

FOWLER, WHITE, BURNETT ET AL

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# ARTICLES OF ORGANIZATION

OF

## STITCHES OF DELRAY, LLC

#### ARTICLE I

The name of the limited liability company formed hereby is STITCHES OF DELRAY, LLC (the "Limited Liability Company").

#### ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

6638 Bristol Lake South Delray Beach, FL 33446

#### ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Morton P. Brown, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131 65:8:10 VI 8:120

Audit No.

H02000136539 2

Notary Public Print Name:

My Commission expires:

GP. FTCHEN FARMER
MY COMMISSION # CC 750543
EXPIRES: 007A47000
S00.3-NOTARY Fin. Notary Services & Bending Co.

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# CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is STITCHES OF DELRAY, LLC.
- 2. The name and address of the Registered Agent and Office is:

Morton P. Brown, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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.

Morton P. Brown, Registered Agent

Date: May 1, 2002

! STITCHES/

Aorton W. Brown

as Authorized Representative

of the Members

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