

L02000029759

FILED

02 NOV -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

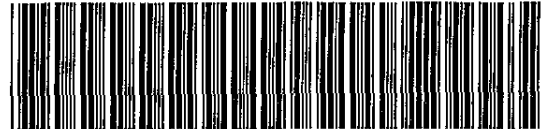
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



500008668765

11/06/02--01054--005 **155.00

WALTER M. TOVKACH, ESQUIRE

5011 NORTHWEST EIGHTH AVENUE
GAINESVILLE, FLORIDA 32605

POST OFFICE BOX 15295
GAINESVILLE, FLORIDA 32604

TELEPHONE (352) 371-4656

FAX: (352) 371-0599

FILED
02 NOV -6 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL

TO:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32301

FROM: **WALTER M. TOVKACH, ESQUIRE**

COMMENTS:

RE: FAMILY FASHIONS, L.L.C. Please file the enclosed Articles of Organization for the referenced LLC and return a copy to me. Enclosed is a check in the amount of \$155.00 for this service.

November 5, 2002

**ARTICLES OF ORGANIZATION OF
FAMILY FASHIONS, L.L.C.**

FILED
02 NOV -6 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name. The name of the limited liability Company (hereinafter referred to as "Company") is: FAMILY FASHIONS, L.L.C.

2. Existence. The Company shall have perpetual existence commencing with the date of filing.

3. Location. The street address and mailing address of the principal office of the Company is 14831 N.W. U.S. Highway 19, Chiefland, Florida, 32626.

4. Registered Agent. The initial street address in the State of Florida of the initial registered office of the Company is, 14831 N.W. U.S. Highway 19, Chiefland, Florida, 32626, and the name of its initial registered agent at such address is ELAINE MCDERMOTT.

5. Additional Members. The members may admit such additional members on such terms and conditions as they may unanimously agree.

6. Continuation. A majority of the remaining members of the Company shall have the right to continue the Company in existence on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

7. Management. The Company shall be managed by one or more managers as set forth in the Regulations. The initial manager shall serve until the first meeting of the members or until his successor is elected and qualifies. The initial manager and his address is ELAINE MCDERMOTT, 14831 N.W. U.S. Highway 19, Chiefland, Florida, 32626.

The undersigned, being an original member of the Company and the registered agent hereinbefore named, for the purpose of forming a Florida limited liability Company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true and that the undersigned is familiar with and accepts the duties and obligations as registered agent for said Company and accordingly, has executed this document on this 30 day of October, 2002.

Elaine P. McDermott
ELAINE MCDERMOTT

STATE OF FLORIDA
COUNTY OF Levy

Subscribed and sworn to before me this 30 day of Oct, 2002, by ELAINE MCDERMOTT, who is _____ personally known to me, or X who produced FIDL as identification.

Carol Knight
Notary Public
My Commission Expires _____



Carol Knight
Commission # CC 924724
Expires April 4, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

FILED
02 NOV -6 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA