L02000032318

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UNISION OF CORPORATIONS
02 DEC -4 PH12: 49

Office Use Only

November 15, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed the articles of organization, the registered agent form and a check for \$125.

Thank you,

Sara C. Miller

Pamela M. Gorman

Absolutely Fabulous

613 Simonton Street

Key West, Florida 33040

(305) 295-0404

(305) 797-0805

DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 21, 2002

ABSOLUTELY FABULOUS 613 SIMONTON STREET KEY WEST, FL 33040

SUBJECT: ABSOLUTELY FABULOUS

Ref. Number: W02000033186

We have received your document for ABSOLUTELY FABULOUS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 402A00062950

ICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Ab Solutely Fabulous L. L.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: \(\) \(
The name and the Florida street address of the registered agent are:
Ramba (gornan
1013 Simonton St
Florida street address (P.O. Box NOT acceptable)
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. Registered Agent's Signature (An additional article must be added if an effective date is requested) Signature of a member of 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.) Typed or printed name of signee

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)