Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305) 634-3694 Phone Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

dee designs, Ilc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - Name:

The name of the Limited Liability Company is:

DEE DESIGNS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 342 S. PARKWAY, N. MIAMI BEACH, FL 33160
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

DORIS COHEN

Name

342 S. PARKWAY
Florida streel address (P.O. Box NOT acceptable)

NORTH MIAMI BEACH, FL 33160

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

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 add-tronal article must be added if an effective date is reducished)

Signature of a member or an authorized representative of a member

(In accordance with section 608.407(3), Florida Statutes, the execution of this document constitutes on affirmation under the penalties of perjury (hat facts stated herein are true.)

DORIS COHEN

Typed or printed name of signee

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