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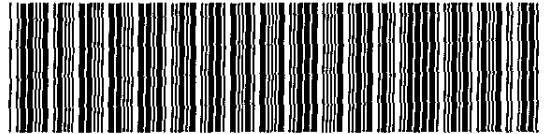
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AL



CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000032

REFERENCE : 950121 7369708

AUTHORIZATION :

*Patricia Pizot*

COST LIMIT : \$ 125.00

ORDER DATE : March 3, 2003

ORDER TIME : 8:55 AM

ORDER NO. : 950121-001

CUSTOMER NO: 7369708

CUSTOMER: Ms. Sugey A. Restituyo  
Ms. Sugey A. Restituyo

15638 Sw 98th Terrace

Miami, FL 33196

DOMESTIC FILING

NAME: SHOP ITALIQUE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SHOP ITALIQUE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

15638 SW 98TH TERRACE, MIAMI, FL 33196

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.*

Corporation Service Company

By:

*Deborah D. Skipper*

Registered Agent's Signature

Deborah D. Skipper  
Asst.-V. Pres.

(An additional article must be added if an effective date is requested)

*Deborah D. Skipper*

Signature of a member or 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.)

DEBORAH D. SKIPPER

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)

SHOP ITALIQUE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MANAGING MEMBERS

ALEXANDRA TORRES

15638 SW 98TH TERRACE  
MIAMI, FL 33196

SUGEY RESTITUYO

15638 SW 98TH TERRACE  
MIAMI, FL 33196

JUAN CARLOS PARRA

15638 SW 98TH TERRACE  
MIAMI, FL 33196

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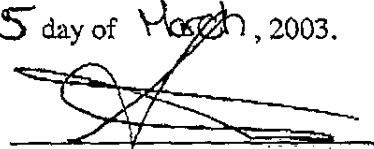
## LIMITED POWER OF ATTORNEY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SHOP ITALIQUE, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.


This Limited Power of Attorney is executed on this 5 day of March, 2003.

  
SignatureSuzanne Restrepo  
Print Name of Signer

WITNESS:

  
SignatureAlexandra Torres  
Print Name of Witness

WITNESS:

  
SignatureLaridna Taillepiece  
Print Name of Witness