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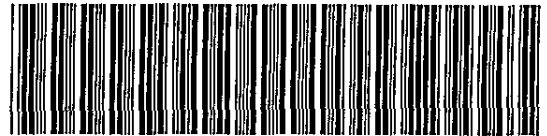
(Business Entity Name)

(Document Number)

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J.V.A. HOLMES, P.A.

jvahpa@mindspring.com

John V. A. Holmes, Esq.
Attorney and Counsellor At Law

811 N. Magnolia Avenue
Orlando, Florida, USA 32803-3810

Telephone: (407) 423-3302
Fax: (407) 423-3353

April 24, 2003

Secretary of State
Corporations Division
P. O. Box 6327
Tallahassee, Fl. 32301

Gentlemen:

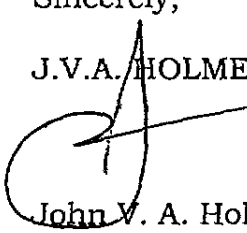
Re: SEAL VIA KISS FASHIONS, L.L.C.

Enclosed please find Articles of Organization and Acceptance of Registered Agent for the above corporation together with a check for the filing fee in the amount of \$155.00. Please file this document and provide us with a certified copy.

If you have any questions, please call. Thank you.

Sincerely,

J.V.A. HOLMES, P.A.


John V. A. Holmes, Esq.

Enclosures

W03-12279

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 29, 2003

JOHN V.A. HOLMES, ESQ.
J.V.A. HOLMES, P.A.
811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803-3810

SUBJECT: SEAL VIA KISS FASHIONS, L.L.C.
Ref. Number: W03000012239

We have received your document for SEAL VIA KISS FASHIONS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 503A00026011

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SEAL VIA KISS FASHIONS, L.L.C.

ARTICLE II - Address:

115 Lake Winnemissett Drive
DeLand, Florida 32720

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

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

Thomas F. Wands
115 Lake Winnemissett Drive
DeLand, Florida 32720

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.

Thomas F. Wands
Registered Agent's Signature

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

Thomas F. Wands
Signature of a member or an authorized representative of a member.

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(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.)

Thomas F. Wands
Typed or printed name of signee

Filing Fee: \$100.00 for Articles of Organization
\$ 25.00 for Designation of Registered Agent
Certified Copy : \$30.00 (optional)
Certificate of States: \$5.00 (optional)

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314