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(Re	equestor's Name)			
(Address)				
(Ac	dress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Bu	isiness Entity Nan	ne)		
	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only				



RECEIVED 03 OCT 14 PH 4: 47 09 OCT 14 PH 4: 47 09 OCT 14 PH 4: 47 09 OCT 14 PH 4: 47







ACCOUNT NO. : 072100000032	AND A
REFERENCE : 279804 7377828	
AUTHORIZATION : Tatricia l'agrits	14 C
COST LIMIT : \$ 125.00	
ORDER DATE : October 14, 2003	725K
ORDER TIME : 3:46 PM	
ORDER NO. : 279804-005	
CUSTOMER NO: 7370828	
CUSTOMER: Ira Z. Kevelson, Esq. Ira Z. Kevelson, Esq.	
622 Third Avenue 7th Floor New York, NY 10017	
DOMESTIC FILING	
NAME: LILLIAN DESIGNS LLC	

EFFECTIVE DATE:

	ARTICLES OF	INCORPORATION	
<u> </u>	CERTIFICATE	OF LIMITED PARTNERSHIP	
XX	ARTICLES OF	ORGANIZATION	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED CO	DPY	
<u>XX</u>	PLAIN STAMPE	ED COPY	
	CERTIFICATE	OF GOOD	STANDING

CONTACT PERSON: Sara Lea - EXT. 1114 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name: The name of the Limited Liability Company is: LILLIAN DESIGNS LLC

ARTICLE 11 - Address:

Principal Office Address:

Mailing Address:

9402 Lily Bank Court Riviers Beach, FL 33407 9402 Lilly Bank Court Riviera Beach, FL 33407

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.

Corporat By.

Registered Agent's Signature JOHN H. PELLETIER ASST. VICE PRESIDENT

(CONTINUED)

Page1 of2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager

MGRM

"MGRM" = Managing Member

Lillian Mindich 9402 Lilly Bank Court Riviera Beach, FL 33407

Name and Address:

FILED SOI

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

L

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.)

IRA Z. KEVELSON

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)

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