

L04000026926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

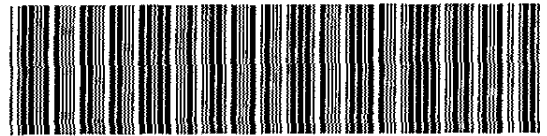
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 APR -9 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

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TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ASCENSION LINGERIE AND SWIMSUIT LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2.00 Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
ASCENSION LINGERIE AND SWIMSUIT LLC

ARTICLE I - NAME

The name of this limited liability company is **ASCENSION LINGERIE AND SWIMSUIT LLC** (hereinafter "the Company")

ARTICLE II - ADDRESS

The mailing address and principal office is :

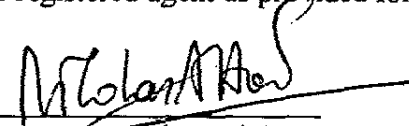
**2701 South Bayshore Dr., Suite 402
Miami, Florida 33133**

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is :

**Nicolas Attard
2701 South Bayshore Dr., Suite 402
Miami, Florida 33133**

Having been named as registered agent and to accept service of process for the above state 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.



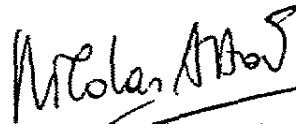
Nicolas Attard - Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

Nicolas Attard
2701 South Bayshore Dr., Suite 402
Miami, Florida 33133

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.



Nicolas Attard, Authorized Representative

ORGANIZER


IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization
this 6th day of April 2004


MARCELLE POIRIER


STATE OF FLORIDA)
) SS
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 7th of April 2004.


NOTARY PUBLIC
State of Florida at large

My commission expires :

 Joseph B. Ryan III
My Commission DD054277
Expires September 27 2005