

JUN.16.2004 2:02PM
Division of Corporations

BECKER & POLIAROFF

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 203-0383

From:

Account Name : BECKER AND POLIAROFF, P.A.
Account Number : 072720000214
Phone : (954) 364-6007
Fax Number : (954) 985-4138

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LIMITED LIABILITY COMPANY

JEANS DAYANA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEANS DAYANA, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12556 BISCAYNE BLVD. # 862

NORTH MIAMI, FL 33181

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

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

JEFFREY L. RUBINGER

Name

3111 STIRLING ROAD

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

FT. LAUDERDALE,

FLORIDA 33312

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, Florida Statutes..

Jeffrey L. Rubinger
Registered Agent's Signature

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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" = Managing Member

Name and Address:

Jeans Davana, S.A. de C.V.
Augustin Delgad 146 - 2° Piso
Mexico, D.F. 06820

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Jacobo Harari
Typed or printed name of signer

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)