L0400056359

| (Red | uestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Add | iress) | | | |
| (Add | iress) | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Nar | ne) | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |

Office Use Only



300037963793

NOTIVE OF COMPANION

O4 JUL 29 PH 4:16

15/1



ACCOUNT NO. : 072100000032

REFERENCE: 826417 4720431

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: July 29, 2004

ORDER TIME : 11:39 AM

ORDER NO. : 826417-055

CUSTOMER NO: 4720431

CUSTOMER: Ms. Tina Grodziski

Charming Shoppes, Inc.

450 Winks Lane

Bensalem, PA 19020

DOMESTIC FILING

NAME:

LANE BRYANT #6681, LLC

EFFECTIVE DATE:

| XX | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | | |
|--|---|--|--|
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | |

CONTACT PERSON: Justin Cheshire - EXT. 2909
EXAMINER'S INITIALS:

SECRALASSEE, FLORIDA SECRALASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | LECC. |
|--|--|
| The name of the Limited Liability Company is: | H 20 |
| LANE BRYANT #6681, LLC | SSECUT |
| ARTICLE II - Address: | FIS F. |
| The mailing address and street address of the pr | incipal office of the Limited Liability Companyo |
| Principal Office Address: | Mailing Address: |
| LANE BRYANT #6681, LLC | |
| 450 WINKS LANE | |
| BENSALEM, PA 19020 | |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the recommendation Service Comporation Service Comporation | registered agent are: |
| Name | |
| 1201 Hays Street Florida street address (P.0 |) Box NOT accentable) |
| Linying street sources (L.C | y nov toxi accelianci |
| Tallahassee | FLORIDA 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, Florida Statutes..

By: Mastered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--------------------|
| MGRM (SOLE MEMBR) | LANE BRYANT, INC. |
| | 450 WINKS LANE |
| | BENSALEM, PA 19020 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (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 penaltics of perjury that the facts stated herein are true.)

By: TINA LOUISE GRODZISKI

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)