

L04000073917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

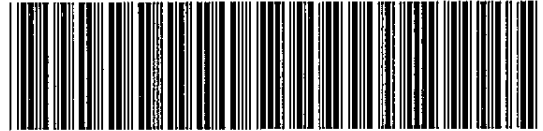
(Business Entity Name)

(Document Number)

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04 OCT 12 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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OCT 12 AM 11:16  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Kim

10/11/04

Requestor's Name

Address

City

State

ZIP

Phone

Broward Review

VALIDATION ONLY

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TALLAHASSEE, FLORIDA

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CORPORATION(S) NAME

Vogue Italia Discount Outlet LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: VOGUE ITALIA DISCOUNT OUTLET LLC.

## ARTICLE II - Address:

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

300 SW 1ST AVE FORT LAUDERDALE FLA 33301

## ARTICLE III - Registered Agent and Registered Office:

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

MERVYN BRODY  
Name

300 SW 1ST AVE  
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL FLA  
City, State and Zip 33301

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Registered Agent's Signature

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

[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.)

MERVYN BRODY  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that MERVYN BLODY  
desiring to organize under the laws of the State of Florida  
with its principal office, as indicated in the articles of incorporation has  
named VOGUE ITALIA DISCOUNT OUTLET LLC  
located at 1650 SUNRISE BLVD  
City of FORT LAUDERDALE County of BROWARD State of Florida,  
as its agent to accept service of process within the state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE Mervyn Blosy  
Registered Agent