

25 Oct 2004 16:06

A1A#CORPORATE#SERVICES

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**Miss Moxie, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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Brook Comm.

813-264-8019

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4040002131373

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
Miss Moxie, LLC

**ARTICLE II ADDRESS**

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

445 25th Avenue North  
St. Petersburg, FL 33704

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

Amber Overby  
445 25th Avenue North  
St. Petersburg, FL 33704

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TALLAHASSEE, FLORIDA

Having been named as registered agent 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..

  
AMBER OVERBY /Registered Agent

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PAGE 2 Miss Moxie, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

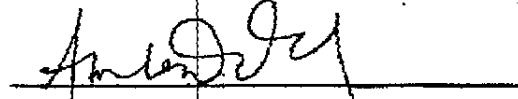
Managing Member:

Amber Overby

445 25th Avenue North

St. Petersburg Florida 33704

\*\*\*\*\*



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.)

AMBER OVERBY

Typed or printed name of signee

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