

L05000033111

Florida Department of State

Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000082891 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
2005 APR -5 AM 9:46  
TALLAHASSEE, FLORIDA

RECEIVED  
05 APR -5 AM 2:49  
DIVISION OF CORPORATION

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**divine impressions, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN APR -6 2005

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000082891

(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Divine Impressions, 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:

3450 NW 7th Street  
FT. Lauderdale, FL 33311

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Sabrina Morrison  
Name

3450 NW 7th Street  
Florida street address (P.O. Box NOT acceptable)

Ft Lauderdale FL 33311  
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, F.S..*

Sabrina Morrison  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H05000082891

FILED  
2005 APR -5 AM 9:47  
TALLAHASSEE, FLORIDA

H05000082891

**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:

MGRM

SANDY MUHAMMAD  
100 Kings Point Drive #1110  
SUNNY BEACH FL 33168

MGRM

Sabrina Morrison  
3450 NW 7<sup>th</sup> Street  
Fort Lauderdale, Florida 33311

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sabrina Morrison  
 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.)

Sabrina Morrison  
 Typed or printed name of signee

FILED  
 2005 APR -5 AM 9:47  
 TALLAHASSEE, FLORIDA

H05000082891