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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

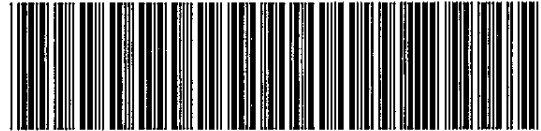
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RECEIVED  
05 MAY 24 PM 12:43  
DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 MAY 24 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 388821 4720431

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

FILED  
05 MAY 24 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 24, 2005

ORDER TIME : 11:55 AM

ORDER NO. : 388821-015

CUSTOMER NO: 4720431

CUSTOMER: Ms Tina Grodziski  
Charming Shoppes, Inc.

450 Winks Lane

Bensalem, PA 19020

DOMESTIC FILING

NAME: CATHERINES #5567, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
05 MAY 24 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CATHERINES #5567, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**450 WINKS LANEBENSALEM, PA 19020ATTN: LEGAL DEPARTMENT**Mailing Address:**3750 STATE ROADBENSALEM, PA 19020ATTN: TAX DEPARTMENT**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service CompanyName1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFLORIDA 32301City, 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..*

Corporation Service CompanyBy *Elizabeth R. Boniczy*Registered Agent's Signature

**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 \_\_\_\_\_

CATHERINES, INC. \_\_\_\_\_

450 WINKS LANE \_\_\_\_\_

BENSALEM, PA 19020 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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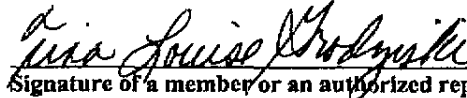
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(Use attachment if necessary)

**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.)

By: TINA LOUISE GRODZISKI, ORGANIZER \_\_\_\_\_

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)