Division of Corporations Public Access System

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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

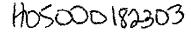
: (305)633-9696

LIMITED LIABILITY COMPANY

escada, llc

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

M. HOOGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Escada, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Melling Address:	
Bas Brickell Bay Drive	Sarre	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the re	gistered agent are:	
Gladys Patra	o	
492 Bestal	Berr	
City, State, and Zip		
City, State, and Zip		
liability company at the place designated in the registered agent and agree to dot in this capacity. *talutes relating to the proper and complete par	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I fiorther agree to comply with the provisions of all formance of my duties, and I am familiar with and cred agent as provided for in Chapter 608, F.S	
	(1)	
destribut Agent a	Signature	
(CONTINU	ED)	
Page 1 of 2	 O	

HOS 000 182303

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	Gladys Pathoo 1825 Spickell Brug Dina, Indi III, Solle 1600 History for \$3831
Hgcm_	Grany Sister STAS BOY WOLLD Brug DAVE, TOWARTH, STITE 1650 Fritani, EL 20131
(Use attachment if necessary)	enall be member managed
NOTE: An additional article must be:	edded if an effective date is requested.
required signature:	MA.
Signature of a member or	til dithorized representative of a member.
of this document constitutes that the facts stated hereig	
$C \cdot A$	NIS KATIND

Kiling Poors

3125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

30,00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or paraled name of signer

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