

L05000085021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

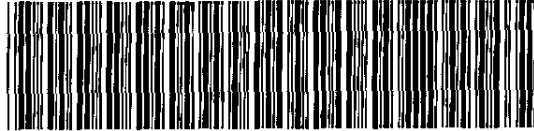
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05 AUG 26 AM 8:17
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS
DIVISION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 560052 7262688

AUTHORIZATION :

Patricia Light

COST LIMIT : \$ 125.00

FILED
05 AUG 26 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 24, 2005

ORDER TIME : 1:18 PM

ORDER NO. : 560052-005

CUSTOMER NO: 7262688

CUSTOMER: Joshua D. Brinen, Esq.
Joshua D. Brinen, Esq

Suite 1200
11 Park Place
New York, NY 10007

DOMESTIC FILING

NAME: JUST IMAGINKNIT, 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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just ImaginKnit, LLC

ARTICLE II - Address:

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

Principal Office Address:

6663 B Lake Worth Road

Lake Worth, FL 33467

Mailing Address:

6663 B Lake Worth Road

Lake Worth, FL 33467

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

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

Ruth Brinen

Name

4328 Fountains Drive

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth

FLORIDA 33467

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, Florida Statutes..

Ruth Brinen

By: Ruth Brinen

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

MGR Ruth Brinen

Name and Address:

Ruth Brinen

4328 Fountains Drive

Lake Worth, FL 33467

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Ruth Brinen

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: RUTH BRINEN

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)