

LOS000097278

Florida Department of State
Division of Corporations
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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

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05 OCT -3 AM 7:46
DIVISION OF CORPORATION

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M. Thomas OCT - 4 2005

LIMITED LIABILITY COMPANY

eclipse housewares company, llc

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

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECLIPSE HOUSEWARES COMPANY, 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:

2201 WEST SAMPLE RD
B*9, 1B
Pompano Beach, FL 33013

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

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

Barry A. Fink
Name

2201 West Sample Rd. B*9, 1B
Florida street address (P.O. Box NOT acceptable)
Pompano Beach FL 33013
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..

Barry A. Fink
Registered Agent's Signature

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STATE
OFFICE
FLORIDA

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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

Dean S. Rappaport.
2201 West Sample Rd, Bldg. 1B
Pompano Beach, FL 33073

MGRM

Mervyn Fogel
2201 West Sample Rd, Bldg. 1B
Pompano Beach, FL 33073

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member.

(In accordance with section 602.404(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dean S. Rappaport
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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CLERK OF THE STATE
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA