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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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600067752786



ACCOUNT NO. : 072100000032

REFERENCE: 924300

924300 47204

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 16, 2006

ORDER TIME : 9:56 AM

ORDER NO. : 924300-020

CUSTOMER NO: 4720431

DOMESTIC FILING

NAME: FASHION BUG #3729, LLC

EFFECTIVE DATE:

XX __ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS:

TALLANDIS SEE ST

ARTICLE I - Name	:		
The name of the Lim	ited Liability Comp	pany is:	21006 MAR 17 PH 18
FASHION BUG #3729,	LLC		题为
Must end with the words "I	imited Liability Compan	y, "Limited Company" or their abbreviation "LLC,"	or "L.C."
ARTICLE II - Addr	.0504		福 建
		of the principal office of the Limited Lia	
The manning addition to	ara birot addross c	in principal office of the Limited Ele	ionity Company is
Principal Office Add	iress:	Mailing Address:	23. Market 1
450 WINKS LANE		3750 STATE ROAD	
100 1120 20 1110			
		BENSALEM, PA 19020	
BENSALEM, PA 19020 ARTICLE III - Regi	istered Agent, Reg	BENSALEM, PA 19020 gistered Office, & Registered Agent's	Signature:
BENSALEM, PA 19020 ARTICLE III - Regi	istered Agent, Reg	BENSALEM, PA 19020	Signature:
ARTICLE III - Regi The Limited Liability Comp business entity with an acti	istered Agent, Regony cannot serve as its ove Florida registration.)	BENSALEM, PA 19020 gistered Office, & Registered Agent's	Signature: dual or another
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accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Corporation Service Company

By.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member FASHION BUG RETAIL COMPANIES, INC. MGR 450 WINKS LANE BENSALEM, PA 19020 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member of 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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)