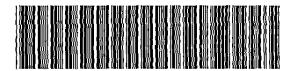
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	



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ACCOUNT NO. : 072100000032

REFERENCE: 063612 47204

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE : April 26, 2006

ORDER TIME : 11:48 AM

ORDER NO. : 063612-045

CUSTOMER NO: 4720431

DOMESTIC FILING

NAME: CATHERINES #5964, LLC

XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	7. 29
The name of the Limited Liability Company is	:
	AR PR
CATHERINES #5964, LLC	TAF
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C."
ARTICLE II - Address: The mailing address and street address of the p	winging of the Limited Liability Communication
The manning address and street address of the p	Therpai office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
450 WINKS LANE	3750 STATE ROAD
BENSALEM, PA 19020	BENSALEM, PA 19020
ARTICLE III - Registered Agent, Registere	
(The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Corporation Service Company	-
Name	 _ · · · · · · ·
1201 Hays Street	ldress (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State,	and Zip
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and
	istered agent as provided for in Chapter 608, F.S
Corporation Service Company	
Corporation Service Company	7
By: Deans Much	ie
Registered Agent's Signa	iture (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR CATHERINES, INC. 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 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 Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)