

Florida Department of State

Division of Corporations

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Basic

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.**CHICO & CO. LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHICO & CO. LLC.

ARTICLE II - Address:

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

Principal Office Address:

505 NW. 177 ST. # 138

MIAMI, FL. 33169

Mailing Address:

505 NW. 177 ST. # 138

MIAMI, FL. 33169

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

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

AHMED ELFEKI

Name

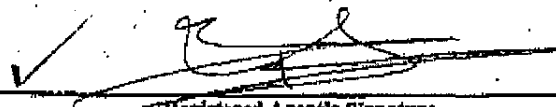
505 NW. 177 ST. # 138

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

MIAMI, FLORIDA 33169

City, State, and Zip Code

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.



Registered Agent's Signature

(CONTINUED)

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DIVISION OF CORPORATE
REGISTRATION

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

Name and Address:

AHMED ELFEKI

505 NW, 177 ST. # 138

MIAMI, FL. 33169

(Use attachment is necessary)

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

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.)

AHMED ELFEKI

Typed or printed name of signer

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