

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**IK-CHRIS LUXURY RETAIL CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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BLUMBERGEXCELSIOR

Fax:888-692-9256

May 26 2006 9:36

P.02

BLUMBERGEXCELSIOR

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**\*\* Transmit Conf. Report \*\***

P.1

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**Division of Corporations**  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

IK-CHRIS LUXURY RETAIL CONSULTING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6287 MIDNIGHT PASS ROAD, #404  
SARASOTA, FL 34242

**Mailing Address:**

6287 MIDNIGHT PASS ROAD, #404  
SARASOTA, FL 34242

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

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

CHRISTINE LUSK

Name

6287 MIDNIGHT PASS ROAD, #404

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

SARASOTA, FL 34242

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..*



Registered Agent's Signature

CHRISTINE LUSK, REGISTERED AGENT

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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

IK RETAIL CONSULTANT, LLC

3238 PROSPECT STREET, NW

WASHINGTON, DC 20007

MGRM

LUSK RETAIL CONSULTING, LLC

6287 MIDNIGHT PASS ROAD, #404

SARASOTA, FL 34242

(Use attachment if 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.)

IRAKLIS KARABASSIS

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)**

**\$ 5.00 Certificate of Status (Optional)**

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