

Florida Department of State  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Coat of Arms Shoppe, LLC

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**ARTICLES OF ORGANIZATION  
OF  
COAT OF ARMS SHOPPE, LLC**

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I**

Name

The name of the limited liability company (the "Company") is Coat of Arms Shoppe, LLC.

**ARTICLE II**

Duration

The Company shall have perpetual existence.

**ARTICLE III**

Mailing and Street Address of Principal Office

The mailing and street address of the Company's principal office is 233 Fiddlers Point Drive, St. Augustine, Florida 32080.

**ARTICLE IV**

Name and Address of Registered Agent

The name of the Company's initial registered agent is Robin L. VanArsdale-Konowal. The street address of the registered agent is 233 Fiddlers Point Drive, St. Augustine, Florida 32080.

**ARTICLE V**

Admission of New Members

The members shall have such rights to admit new members as provided in the Operating Agreement.

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ARTICLE VI

Continuity of Business

The members shall have such rights to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member as may be provided in the Operating Agreement.

ARTICLE VII

Management

The Company shall be a manager managed company. The initial manager shall be:

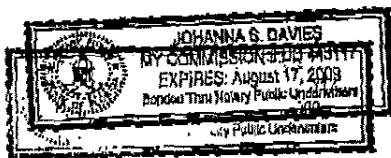
Robin L. VanArsdale-Konowal      233 Fiddlers Point Drive  
St. Augustine, Florida 32080

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization on this 26 day of June, 2006.

Robin L. VanArsdale-Konowal  
Robin L. VanArsdale-Konowal

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this 26<sup>th</sup> day of June, 2006, by Robin L. VanArsdale-Konowal, who ( X ) is personally known to me or (    ) has produced a valid Florida driver's license as identification.



Johanna S. Davies  
Notary Public  
Name of Notary Typed/Printed/Stamped  
Commission No.: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

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**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED this 26 day of June, 2006.

  
Robin L. VanArsdale-Konowal

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