

## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124

Fax Number : (305)675-2811

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

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VISION OF CORPORATION

#### **BLISSFUL BRIDE LLC**

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is: BLISSFUL BRIDE LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 6614 PASTURELANDS PL

WINTER GARDEN FL 34787

# ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

NICOLE MOORE 6614 PASTURELANDS PL WINTER GARDEN FL 34787

Having been named as registered agent 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..

NICOLE MCORE Registered Agent's Signature

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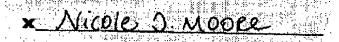
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#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
NICOLE MOORE
6614 PASTURELANDS PL
WINTER GARDEN FL 34787



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.

NAME OF SIGNER NICOLE MOORE Typed or printed name of signee