

Division of Corporations

Page 1 of 1

*attm
Gnet*

850-205-0383
06000096953

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000243719 3)))



H060002437193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20009000146
Phone : (305)444-4994
Fax Number : (305)444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT -4 AM 9:59

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

7 COLORS, LLC

RECEIVED

06 OCT -4 AM 9:54

DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

CA

(((H06006243719)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7 COLORS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2800 WILLIAMS ISLAND BLVD
NO. 804
AVENTURA, FL 33160

Mailing Address:

2800 WILLIAMS ISLAND BLVD
NO. 804
AVENTURA, FL 33160

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

(The Limited Liability Company cannot serve as its own Registered 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:

JACQUELINE RIPSTEIN
Name
2800 WILLIAMS ISLAND BLVD. NO 804
Florida street address (P.O. Box **NOT** acceptable)
AVENTURA FL 33160
City, State, and Zip

2006 OCT -4 AM 9:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jacqueline Ripstein
Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H06000243719)))

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

JACQUELINE RIPSTEIN

2800 WILLIAMS ISLAND BLVD. NO 804

AVENTURA, FL 33180

(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.)

JACQUELINE RIPSTEIN

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT -4 AM 9: 59

FILED