## L06000105760

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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RATION SERVICE COMPANY		
ACC	COUNT NO. : 072100000032	જ
I	REFERENCE: 564087 4720431	C
AUTHO	ORIZATION:	
Co	OST LIMIT : 125.00	60
ORDER DATE : O	ctober 30, 2006	COM
ORDER TIME : 11	1:47 AM	
ORDER NO. : 56	64087-025	
CUSTOMER NO:	4720431	
NAME:	DOMESTIC FILING  LANE BRYANT OUTLET #4122/ PETITE SOPHISTICATE OUTLET, LLC	·
	EFFECTIVE DATE:	
XX ARTICLES	OF ORGANIZATION	
PLEASE RETURN TH	HE FOLLOWING AS PROOF OF FILING:	•
XX PLAIN ST	TAMPED COPY	

EXAMINER'S INITIALS:

CONTACT PERSON: Doreen Wallace - EXT. 2928

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		10 8 M
The name of the Limited Liability Compa	ny is:	Liability Company is
LANE BRYANT OUTLET #4122/PETITE SOP	HISTICATE OUTLET, LLC	
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "L	LC," or "L.C.,")
ARTICLE II - Address:		700
The mailing address and street address of	the principal office of the Limited	Liability Company is
Principal Office Address:	Mailing Address:	D'A
450 WINKS LANE	3750 STATE ROAD	•
BENSALEM, PA 19020	BENSALEM, PA 19020	
The name and the Florida street address of Corporation Service Comp	pany	
	Name	
1201 Hays Street		
	eet address (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
City, s	State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby accept pacity. I further agree to comply w ete performance of my duties, and I s registered agent as provided for in	t the appointment as with the provisions of all Tam familiar with and
Corporation Service Com	ipany	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED) (

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	mber
MGR	OUTLET DIVISION STORE CO., INC.
	450 WINKS LANE
	BENSALEM, PA 19020
(Use attachment if necessar	v)
Cose attachment if necessar	y
LE V: Effective date, if other	er than the date of filing: (OPTIONA
	te must be specific and cannot be more than five business day
days after the date of filing	
days and the date of fiffig	
anys after the date of fiftig	
	_
REQUIRED SIGNATURI	<b>Ξ</b> :
	E: - 1/2 2 2
	E: Luise Widniski
required signaturi Å. Una	Louise Grodyssão
REQUIRED SIGNATURI Ma Signature o	E:    Study   Study

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)

By:TINA LOUISE GRODZISKI

Typed or printed name of signee