## L06000105761

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ACCOUN	NT NO. : 072100000032
· REF	ERENCE: 564087 4720431
AUTHORI2	EATION Souldlenan
COST	LIMIT : \$ 125.00
ORDER DATE : Octob	per 30, 2006
ORDER TIME : 11:46	5 AM
ORDER NO. : 56408	37-020
CUSTOMER NO: 47	720431
DC	DMESTIC FILING
NAME: FA	ASHION BUG #3748, LLC
EF	FFECTIVE DATE:
XX ARTICLES OF	ORGANIZATION
PLEASE RETURN THE F	FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMF CERTIFICATE	PED COPY E OF GOOD STANDING
	oreen Wallago - PVT 2020

EXAMINER'S INITIALS:

## OMPONY TO ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY & ARTICLE I - Name: The name of the Limited Liability Company is: FASHION BUG #3748, 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: **Mailing Address:** 450 WINKS LANE 3750 STATE ROAD BENSALEM, PA 19020 BENSALEM, PA 19020 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee 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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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..

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	ember
MGR	FASHION BUG RETAIL COMPANIES, INC.
	450 WINKS LANE
	BENSALEM, PA 19020
,	
(Use attachment if necess	ury)
Therese CTE TO No. 15-CC	(OMTONAL)
francisco data is listed the	her than the date of filing: (OPTIONAL) tate must be specific and cannot be more than five business days prior
o or 90 days after the date of fili	
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REQUIRED SIGNATU	RE:
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Signatur	e of a member or an authorized representative of a member.
	lance with section 608.408(3), Florida Statutes, the execution
of this do	cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
By:TIN	A LOUISE GRODZISKI
	Turned or printed name of giorne

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)