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## **COVER LETTER**

TO. Registration Se					
Division of Co	rporations				
<sub>SUBJECT:</sub> Stacy L	ynn Designs L.L.C.				
SUBJECT.	<u> </u>	d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Stacy Brad	lley				
	(1	Name of Person)			
Stacy Lynn	Designs L.L.C.				
<del></del>	(	Firm/Company)			
2736 N.W	. 26th Street	•			
***************************************	· · · · · · · · · · · · · · · · · · ·	(Address)		2006	DIV.S
Boca Rate	on, Fl. 33431			14:5 Hd 82 AON 900	SECRETARY OF STATE
	(City	/State and Zip Code)		28	OF C
			** * ** ** ** ** *	2	
For further information	concerning this matter, please	cali:		Ÿ	STA.
Fred Greenberg		at (561 ) 451-296	<b>31</b>	47	3.M
(Name	e of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	<del>-</del>	C155 00 Filing Foo &	[7] \$160.00 Eiling	Eng	
\$123.00 Fitting Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	▼ \$160.00 Filing Certificate of Statu Certified Copy	ıs &	
			(additional copy is enc	losed)	
	Mailing Address	Street/Courier Addres	<u>15</u>		
•	Registration Section Division of Corporations	Registration Section Division of Corporation	ons		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	r Circle		
		Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	:
Stacy Lynn Designs L.L.C.	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2736 N.W. 26th Street	2736 N.W. 26th Street
Boca Raton, Fl. 33431	Boca Raton, Fl. 33431
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or anothers VSEC
The name and the Florida street address of the	registered agent are:
Stacy Bradley	TORPO
Name	S S S S S S S S S S S S S S S S S S S
2736 N.W. 26th Street	STATE STATE 2:47
Florida street ad	Idress (P.O. Box NOT acceptable)
Boca Raton, Fl. 33431	FL
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 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Stacy Bradley MGRM Stacy Bradley 2736 N.W. 26th Street Boca Raton, Fl. 33431 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business day 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.)

BRADLEY
Typed or printed hame of signee

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)