

**W06000116072**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
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## From:

Account Name : XIOMARA LEE, P.A.  
Account Number : 1200400000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324**FILED**  
2006 DEC -5 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****COVER STYLE LLC**

Certificate of Status	1
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*[Signature]*  
12/5/2006

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COVER STYLE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1325 PORTOFINO CIRCLE APT# 811

WESTON, FL 33326

**Mailing Address:**

1325 PORTOFINO CIRCLE APT #811

WESTON, FL 33326

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

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

RANDALL SCOTT COVER

Name

1325 PORTOFINO CIRCLE APT#811

Florida street address (P.O. Box **NOT** acceptable)

WESTON

FLORIDA 33326

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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**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:**

MGR

RANDALL SCOTT COVER

1325 PORTOFINO CIRCLE APT#811

WESTON, FL 33326

MGR

LUZ YENIRA RUIZ ZAVALA


1325 PORTOFINO CIRCLE APT#811

WESTON, FL 33326

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

RANDALL SCOTT COVER- LUZ YENIRA RUIZ ZAVALA

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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