## L06000116430

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filling Officer
[	Office Use Only



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FILED

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STATE:



ACCOUNT NO. : 072100000032 COST LIMIT : \$ 125.00 ORDER DATE: December 6, 2006 ORDER TIME: 12:04 PM ORDER NO. : 644374-005 CUSTOMER NO: 4720431 DOMESTIC FILING NAME: LANE BRYANT/CACIQUE #4625, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Cynthia Woodyard - EXT. 2938

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nomes	TAI SE
ARTICLE I - Name: The name of the Limited Liability Company	is:
LANE BRYANT/CACIQUE #4625, LLC	SSE RY
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e 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
The name and the Florida street address of the Corporation Service Companion Na	-
1201 Hays Street	
Florida street	t address (P.O. Box NOT acceptable)
Tallahassee	FL_ 32301
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Corporation Service Compa	iny A
By: Lane Ma	chleen
Registered Agent's Signature	gnature (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:

	lanager	Name and Address:
"MGRM" =	Managing Member	
MGR		LANE BRYANT, INC.
· · · · · · · · · · · · · · · · · · ·	<del></del>	450 WINKS LANE
		BENSALEM, PA 19020
	<del></del>	
·····		
(Use attachn	nent if necessary)	
/ 000 00000	,	
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CLE V: Effec		date of filing: (OPTIO
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CLE V: Effective date 0 days after the	is listed, the date must be he date of filing.)	
CLE V: Effective date 0 days after the	is listed, the date must be he date of filing.)  O SIGNATURE:  MAA JAN	e specific and cannot be more than five business of
CLE V: Effective date 0 days after the	is listed, the date must be he date of filing.)  O SIGNATURE:  MAA JAN	
CLE V: Effective date 0 days after the	is listed, the date must be he date of filing.)  D SIGNATURE:  Signature of a member of this document constitution.	e specific and cannot be more than five business of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
CLE V: Effective date 0 days after the	is listed, the date must be he date of filing.)  O SIGNATURE:  Signature of a member (In accordance with sections)	e specific and cannot be more than five business of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)

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)