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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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DEPARTMENT OF STATE

VISION OF COMPORATION



ACCOUNT NO. : 072100000032
REFERENCE: 668547 4720431
AUTHORIZATION: Southelessan
COST LIMIT: \$125.00
ORDER DATE: December 15, 2006
ORDER TIME: 10:49 AM
ORDER NO. : 668547-015
CUSTOMER NO: 4720431
DOMESTIC FILING NAME: CATHERINES #5181, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY YX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace - EXT. 2928
FYAMINED/C INITIALC.

	- Name:	" "
The name of	the Limited Liability Com	pany is:
CATHERINES	S #5181, I LC	70
(Must end with the	he words "Limited Liability Compa	ny, "I imited Company" or their abbres lation "LLC," or "L C.")
ARTICLE I	l - Address:	P
The mailing	address and street address	of the principal office of the Limited Liability Company is:
Principal Of	ffice Address:	Mailing Address:
450 WINKS L	ANE	3750 STATE ROAD
BENSALEM,	PA 19020	BENSALEM, PA 19020
business entity v	with an active Florida registration)	own Registered Agent. You must designate an individual or another s of the registered agent are:
	Corporation Service Co	
	Corporation Service Co	Name
	1201 Hays Street	
	1201 Hays Street	street address (P.O. Box NOT acceptable)
	1201 Hays Street Florida Fallabassee	street address (P.O. Box NOT acceptable) FL 32301
	1201 Hays Street Florida Fallabassee	street address (P.O. Box <u>NOT</u> acceptable)

(CONTINUED)
Page 1 of 2

Registant Agent's Signature (REQUIRED)

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

4 11 1

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

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Aanaging Member	Name and Address:	
MGR		CATHERINES, INC 450 WINKS LANE BENSALEM, PA 19020	
			
	:	1	
(Use attachme	ent if necessary)		
FICLE V: Effection effective date is r 90 days after the	ve date, if other than the delisted, the date must be date of filing.)	ate of filing: (OPTION specific and cannot be more than five business d	
FICLE V: Effection effective date is r 90 days after the	ve date, if other than the de listed, the date must be date of filing.) SIGNATURE:	ate of filing: (OPTION specific and cannot be more than five business d	
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FICLE V: Effection effective date is r 90 days after the	ve date, if other than the de listed, the date must be date of filing.) SIGNATURE: Maa Ja	ate of filing: (OPTION	
FICLE V: Effection effective date is r 90 days after the	ve date, if other than the declisted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sections)	ate of filing:	
FICLE V: Effection effective date is r 90 days after the	ve date, if other than the declisted, the date must be date of filing.) SIGNATURE: Signature of a member of this document constituted that the facts stated here.	ate of filing:	

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)