

# L07000061235

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**EFFECTIVE DATE**  
06/06/07

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HELENA LINGERIE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HELENA LINGERIE 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:**

8712 NW 170TH TERRACE

MIAMI LAKES, FL 33018

**Mailing Address:**

8712 NW 170 TH TERRACE

MIAMI LAKES, FL 33018

**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:

ESPINAL ROSA

Name

8712 NW 170TH TERRACE

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

MIAMI LAKES, FL 33018

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..*

Rosa Espinal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

ESPINAL, ROSA

8712 NW 170TH TERRACE

MIAMI LAKES, FL 33018

MGRM

LEONILDA MILEWSKI

8712 NW 170 TH TERRACE

MIAMI LAKES, FL 33018

MGRM

CHISSEL ESPINAL

8712 NW 170TH TERRACE

MIAMI LAKES, FL 33018

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06-06-2007 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)



Typed or printed name of signer

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