

L08000023225

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PERFECT STITCH, L.L.C.

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February 29, 2008

EMPIRE CORPORATE KIT COMPANY

SUBJECT: PERFECT STITCH, L.L.C.
REF: W08000010631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P97000037920.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please

call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

FAX Aud. #: H08000052627
Letter Number: 608A00012691

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
OF
TROPHY STITCH, LIMITED LIABILITY COMPANY**

ARTICLE I

The name of this Limited Liability Company shall be: **TROPHY STITCH, LIMITED LIABILITY COMPANY**

ARTICLE II

The Limited Liability Company shall exist for a period of thirty years.

ARTICLE III

This Limited Liability Company is created for any lawful business purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

The members may continue the business of this Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.

ARTICLE IV

The place of business and mailing address of this Limited Liability Company shall be 7001 West 20th Avenue, Hialeah, Florida, 33014, and such other place or places as the members from time to time may determine.

The initial registered agent of the Limited Liability Company shall be John M. Rodriguez.

The initial registered office address shall be 7600 West 20th Avenue, Suite 220, Hialeah, Florida 33016.

ARTICLE V

The member(s) of this Limited Liability Company, and their respective membership shares are:

Warren Kaplan	50 %
Anthony Mendez	50%

ARTICLE VI

The Limited Liability Company will be managed by two managers. The initial managers shall be: Warren Kaplan and Anthony Mendez. Their address is:

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Warren Kaplan
975 West 22nd Street
Hialeah, Florida 33010

Anthony Mendez
7001 West 20th Avenue
Hialeah, Florida 33014

ARTICLE VII

The Limited Liability Company does hereby indemnify its Managers for any of their conduct on behalf of or related to their duties as Managers of the Limited Liability Company and holds them harmless for any acts on behalf of or in connection with their services for the Limited Liability Company.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.



Warren Kaplan




Anthony Mendez

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 3rd day of MARCH, 2008, by Warren Kaplan and Anthony Mendez who have personally appeared before me, who are personally known to me, and who did take an oath.



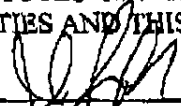
NOTARY PUBLIC, STATE OF FLORIDA
Print Name: ANNA GARCIA

NOTARY PUBLIC-STATE OF FLORIDA
 Anna E. Garcia
Commission # DD693213
Expires: AUG. 26, 2011
BORNED TRUST ATLANTIC BONDING CO, INC.

H08000052627

WRITTEN ACCEPTANCE BY AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATE SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES AND THIS POSITION.




John M. Rodriguez
AS REGISTERED AGENT FOR
TROPHY STITCH, Limited Liability Company

STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 3rd day of MARCH, 2008, by John M. Rodriguez, who personally appeared before me, who is personally known to me, and who did taken an oath.

NOTARY PUBLIC-STATE OF FLORIDA
Annia E. Garcia
Commission # DD693213
Expires: AUG. 26, 2011
BONDED THROUGH ATLANTIC BONDING CO., INC.



NOTARY PUBLIC, STATE OF FLORIDA
Print Name: ANNIA GARCIA

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