

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000083125 3)))



H080000831253ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561) 483-7000
Fax Number : (561) 218-8960

2008 APR -2 AM 8:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

STRIPES & BUTTONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help
T. CLINE

APR -3 2008

EXAMINER

RECEIVED

08 APR -2 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7777 GLADES ROAD
SUITE 300
BOCA RATON, FLORIDA 33434
TELEPHONE: 561.483.7000
FACSIMILE: 561.483.7321
www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE: Wednesday, April 02, 2008 9:10:10 AM
TO: FL Dept of State
ADDRESS:
TELECOPIER PHONE NO.: 18506176383
CONFIRMATION PHONE NO.:
FROM: Daisy Rodriguez
TOTAL NUMBER OF PAGES: 04 (including cover)
CLIENT AND MATTER: 39711-0009

MESSAGE:

FILED
2008 APR -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 561.483.7000

FAX OPERATOR: _____ FIRST ATTEMPT: _____ SECOND ATTEMPT: _____

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Fax Audit Number: H08000083125 3**ARTICLES OF ORGANIZATION****OF****STRIPES & BUTTONS, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: STRIPES & BUTTONS, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 21058 Rosedown Court, Boca Raton, Florida 33433, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is David J. Powers, P.A.

ARTICLE IV

This limited liability company shall commence its existence as of the execution hereof on March 26, 2008, and shall exist perpetually thereafter unless sooner dissolved.

ARTICLE V

This limited liability company shall be a manager-managed company. The initial manager is Jeffrey J. Weiss who shall serve until a successor manager is appointed by the member(s) or until his earlier death, resignation or removal.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 26th day of March, 2008.


Jeffrey J. Weiss, MemberFax Audit Number: H08000083125 3SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR -2 AM 8:47

FILED

Fax Audit No. H08000083125 3**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is STRIPES & BUTTONS, LLC.

SECOND -- The name and address of the registered agent and office is:

David J. Powers, P.A.
7777 Glades Road
Suite 300
Boca Raton, Florida 33434

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.

Dated this 26th day of March, 2008.

David J. Powers, P.A., a Florida professional
service corporation, as Registered Agent

By: 
David J. Powers, President

#228511

Fax Audit Number: H08000083125 3TALLAHASSEE
SECRETARY OF STATE
FLORIDA

2008 APR -2 AM 8:47

FILED