

LOG000048092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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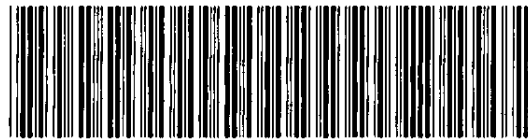
(Business Entity Name)

(Document Number)

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FILED
08 MAY 14 PM 3:15
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

B. KOHR

MAY 14 2008

EXAMINER



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 569676 4300239

AUTHORIZATION :

COST LIMIT : \$125.00

FILED
08 MAY 14 PM 3:15
TALLAHASSEE, FLORIDA

ORDER DATE : May 13, 2008

ORDER TIME : 10:04 AM

ORDER NO. : 569676-005

CUSTOMER NO: 4300239

DOMESTIC FILING

NAME: BARBIZON USA SOUTHWEST LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

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

FILED
108 MAY 14 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BARBIZON USA SOUTHWEST LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4950 West Kennedy Drive

Tampa Florida 33609

Mailing Address:

4950 West Kennedy Drive

Tampa Florida 33609

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVID HARRIS

Name

3111 North University Drive, Suite 1002

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

Coral Springs, FLORIDA 33065

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

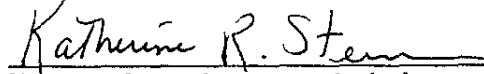
"MGRM" = Managing Member

Name and Address:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

KATHERINE R. STEINER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)