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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160
Phone : (800)494-3124

Fax Number : (561)455-9885

2008 NOV 14 AM 8: 33

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE APRON DEPOT LLC

RECEIVED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Corporate Filing Menu

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

THE APRON DEPOT LLC

ARTICLE II ADDRESS

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

2422 NW. 15TH STREET
CAPE CORAL, FLORIDA 33993

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

TRACIE HOWARD

2422 NW 15TH STREET

CAPE CORAL, FLORIDA 33993

Having been named as registered agent 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.

TRACIE HOWARD / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
TRACIE HOWARD
2422 NW 15TH STREET
CAPE CORAL, FLORIDA 33993

SECRETARY OF STATE

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.

TRACIE HOWARD