

Division of Corporations

Florida Department of State
Division of Corporations
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L. SELLERS

MAR 23 2009

EXAMINER

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

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DAZZLE ACCESSORIES, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

DAZZLE ACCESSORIES, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or 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:

6616 STIRLING RD.
DAVIE, FL 33024

Mailing Address:

2424 CENTERGATE DR.
BLDG 18- APT 208
MIRAMAR, FL 33025

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

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

Title

Name and Address:

MGRM

FARRAH SHAHEEN
2424 CENTERGATE DR. BLDG 18- APT 208
MIRAMAR, FL 33025

MGRM

OZAYR SHAHEEN
2424 CENTERGATE DR. BLDG 18- APT 208
MIRAMAR, FL 33025

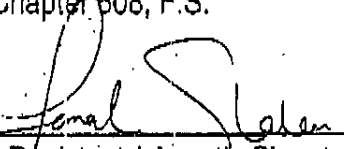
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ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

FARRAH SHAHEEN
2424 CENTERGATE DR. BLDG 18- APT 208
MIRAMAR, FL 33025

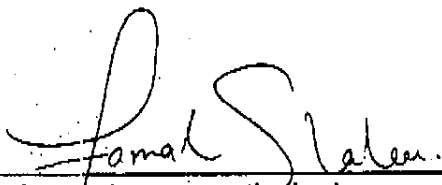
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Registered Agent's Signature (Required)

ARTICLE V: Effective date, if other than the date of filing: (optional)

SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are

Farrah Shaheen

Type or printed name of signee.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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