

APR-22-09 05:22 PM

SBS OF JACKSONVILLE

904-777-1717

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : 120010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Signature Style, LLC

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S. HAWKES

APR 23 2009

EXAMINER

FILED



April 22, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ABS OF JACKSONVILLE, INC.

SUBJECT: SIGATURE STYLE, LLC  
REF: W09000018921

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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H09000094847  
Letter Number: 109A00013521

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SECRETARY OF STATE

14050009487

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: **Signature Fashion, LLC**

### ARTICLE II. ADDRESS:

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

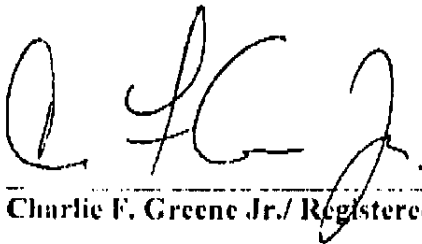
355 Monument Road, Unit 19, Apt #-2  
Jacksonville, FL 32225

### ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Charlie F. Greene Jr.  
355 Monument Road, Unit 19, Apt #-2  
Jacksonville, FL 32225

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.*



Charlie F. Greene Jr./ Registered Agent

4-20-09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 APR 22 AM 10:30

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**ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):**

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:  
MGR.

Name and Address:  
Charlie F. Greene Jr.  
355 Monument Road, Unit 19, Apt #2  
Jacksonville, FL 32225

Member

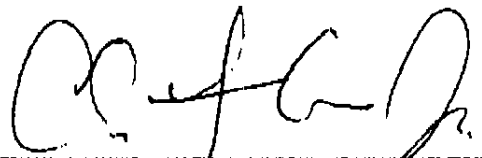

Voncille Jackson  
5335 Seaboard Ave.  
Jacksonville, FL 32210

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be April 20, 2009.

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 20 day of April, 2009.

  
Charlie F. Greene Jr., Member  
Voncille Jackson, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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