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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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EXAMINER



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

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June 30, 2009

	POVIORO		DRPORATION NAME		Julie 30, 2009
3	TRAICT2				IENT NUMBER (S):
	-	The Isabell	a Company (Florida Reta	iil), LLC	10 K
			-		
	Filing Evidence  □ Plain/Confirmation			<b>Type of Docume</b> Certificate of Stat	7
	⊠ Certified Copy		<b>□</b> (	Certificate of Goo	d Standing
				Articles Only	
	Retrieval Reque	est	A	All Charter Docur Articles & Amend Fictitious Name C	lments
	□ Certified Copy		<b>□ (</b>	Other	
	NEW FILINGS		AMENDMENTS		
	Profit		Amendment		
	Non Profit		Resignation of RA Office	cer/Director	
X	Limited Liability		Change of Registered A	gent	
	Domestication		Dissolution/Withdrawal	l	
	Other		Merger		
	OTHER FILINGS		REGISTRATION/QUA	ALIFICATION	
	Annual Reports		Foreign		
	Fictitious Name		Limited Liability		
	Name Reservation		Reinstatement		
	Reinstatement		Trademark		

Other

ARTICLES OF ORGANIZATIO	ompany is  Description of the property of the
ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is
	San
	npany (Florida Retail), LLC.
(Must end with the words of	inited I tability Company, " (L.I. C.," or (1.1 C.)")
ARTICLE II - Address:	γ
The mailing address and street address	is of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 West 39th Street	205 West 39th Street
New York, NY 10018	New York, NY 100.18
	Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another t.)
The name and the Florida street addre	ess of the registered agent are
United C	Corporate Services, Inc.
	Name
9200 South	Dadeland BlvdSuite 508
l londa street a	idress (P.O. Box <u>NO.1</u> acceptable)
Miami	<u> </u>
C	ny, State, and Zip
liability company at the place design	nt and to accept service of process for the above stated limited patted in this certificate. Thereby accept the appointment as is capacity. I further agree to comply with the provisions of all

(CONTINUED)

statutes relating to the proper and complete performance of mediatics, and I am tamiliar with and accept the abligations of infliposition as registered agent as provided for in Chapter 608. F.S.

Signature (RE.D. IRED) Michael A. Barr, Resident

## Page Lof 2

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

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

"MGR" = Manager	
"MGRM" * Managing Member	
• •	0
MGR	Howard Aubrey
	205 West 39th Street
·	New York, NY 10018
MGRM	Hillview Capital, LP
	205 West 39th Street
	New York, NY 10018
	and the second control and the
(Use attachment if necessary)	
·	date of filmer (OPTIONA)
LEV: Effective date, if other than the	e date of filing:  c specific and cannot be more than five business days:
LEV: Effective date, if other than the	e date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days ;
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:	e specific and cannot be more than five business days ;
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:	e specific and cannot be more than five business days ;
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:	e date of filing:  OPTIONAL per specific and cannot be more than five business days per or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member that accordance with secondaries.	er or an authorized representative of a member.

Filling Foes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee