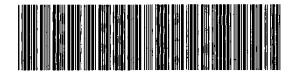
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Office Use Only



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C. LEWIS

JUL 2 1 2009

EXAMINER

COVER LETTER

	on Section Corporations	
SUBJECT:	UPTOWN FA	ASHION COMPANY LLC
	Name of Limite	d Liability Company
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.
Please return all cor	respondence concerning this matte	er to the following:
		Dona Bross
	1	Name of Person
		Firm/Company
	P.	O. Box 1891
		Address
		Beach, FL 32136 /State and Zip Code
	Donaf	PB@bellsouth.net
For further informat	E-mail address: (to be used to	or future annual report notification)
	Dona Bross	at (386) 439-3169 Area Code & Daytime Telephone Number
		Area Code & Daytime Telephone Number
_	k for the following amount: ee \$\int\\$130.00 \text{Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limite	d Liability Company i	s:	
		I COMPANY LLC	
(Must end	with the words "Limited Lia	bility Company," "L.L.C.," or "LLC."	')
ARTICLE II - Addres	s:		
The mailing address and	d street address of the	principal office of the Limite	ed Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
220 South 3rd Street		P. O. Box 1891	
Flagler Beach, FL 32		Flagler Beach, FL 321	36
	 		
	y cannot serve as its own Reg	ed Office, & Registered Aggistered Aggent. You must designate ar	individual or another
The name and the Florid	da street address of the	e registered agent are:	FILE 2009 JUL 20 TALLAHASSI
	Dona Bross		発育ニ
	Nam	ne	FILED JUL 20 AMII
	220 South	3rd Street	ED MII: 15 SEE. FLORID
Florida street address (P.O. Box NOT acceptable)			
Flagler Beach 32136 FL		語言っ	
	City, State,	and Zip	A
liability company at registered agent and ag	the place designated in ree to act in this capac	o accept service of process for this certificate, I hereby acc ity. I further agree to comply performance of my duties, and	ept the appointment as with the provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

FILED

2009 JUL 20 AM II: 15

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

SECRETARY OF STATE ALLAHASSEE, FLORIDA

"MGR" = Mana "MGRM" = Ma		Name and Address:	
MGR	· .	Dona Bross P. O. Box 1891 Flagler Beach, FL 32136	
	and the same of th		
			······································
(Use attachment	if necessary)		
LE V: Effective	date, if other than the	date of filing: e specific and cannot be more than fi	(OPTION
CLE V: Effective ffective date is list	date, if other than the sted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than fi	ve business da
CLE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec	e specific and cannot be more than fi	ve business da
CLE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec	er or an authorized representative of a mention 608.408(3), Florida Statutes, the executivities an affirmation under the penalties of per	ve business da
CLE V: Effective ffective date is list days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a membe (In accordance with sec of this document const that the facts stated her	er or an authorized representative of a mention 608.408(3), Florida Statutes, the executivities an affirmation under the penalties of per	ve business da

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)