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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

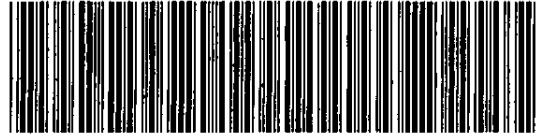
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/10--01016--027 **130.00

FILED
10 APR 19 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. ~~Osborne~~ APR 20 2010

16 April 2010
VIA U.S. MAIL

Registration Section
Division of Corporations
ATTN: New Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Miche Bags Unlimited, L.L.C.

Dear Gentlemen and Ladies:

I have enclosed an original and two (2) copies of the Articles of Organization for Miche Bags Unlimited, L.L.C. and a check for one hundred thirty dollars (\$130.00) for the following:

1)	Filing Fee for Articles of Organization and Designation of Resident Agent	\$125.00
2)	Certificate of Status	\$ 5.00
TOTAL		\$130.00

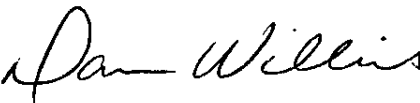
Please return all correspondence concerning this matter to:

Dawn Williams
5710 Castlegate Avenue
Davie, Florida 33331

My e-mail address, for future annual report notification is dawnpw@bellsouth.net. For further information concerning this matter, I can be reached by telephone at (954) 483.4868.

If you have any questions as to the above, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,


Dawn Williams

encl.

**ARTICLES OF ORGANIZATION
FOR
MICHE BAGS UNLIMITED, L.L.C.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Limited Liability Company is Miche Bags Unlimited, L.L.C.

ARTICLE II: ADDRESS

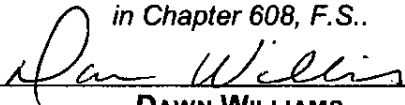
The mailing address and street address of the principal office of the limited liability company shall be 5710 Castlegate Avenue, Davie, Florida 33331.

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

The Registered Agent and the street address of the initial registered agent office of this limited liability company in the State of Florida shall be:

DAWN WILLIAMS
5710 CASTLEGATE AVENUE
DAVIE, FLORIDA 33331

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 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..



DAWN WILLIAMS

ARTICLE IV: MANAGER

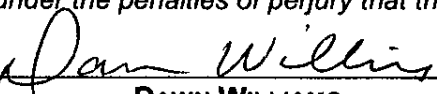
The name and address of the manager is as follows:

DAWN WILLIAMS
5710 CASTLEGATE AVENUE
DAVIE, FLORIDA 33331

ARTICLE V: EFFECTIVE DATE

Effective Upon Filing

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.



DAWN WILLIAMS