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Florida Department of State
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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA LIMITED LIABILITY CO.

jacketvince tropical, llc.

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE
44 NE 16th Street
Homestead, Florida 33030
305-247-7132
Florida Bar No. 435910

ARTICLES OF ORGANIZATION
OF
JACKETVINCE TROPICAL, LLC.

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ARTICLE I:

The name of this limited liability company shall be: JACKETVINCE TROPICAL, LLC,
a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability
company shall be as follows:

633 N. KROME AVENUE
HOMESTEAD, FL 33030

ARTICLE III:

The name of the registered agent for JACKETVINCE TROPICAL, LLC, is as follows:

PAOLA USQUELIS, P.A.
633 N. KROME AVENUE
HOMESTEAD, FL 33030

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be
managed by two member managers.

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ARTICLE V:

The initial members of JACKETVINCE TROPICAL, LLC, shall be:

JACQUELINE KIEFFER, as to a 50% interest
12 RUE DES PAPILLONS
F68350, BRUNSTATT, FRANCE

VINCENT KIEFFER, as to a 50% interest
12 RUE DES PAPILLONS
F68350, BRUNSTATT, FRANCE

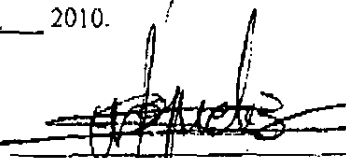
ARTICLE VI:

The initial managing members shall be:

JACQUELINE KIEFFER (MGRM)
12 RUE DES PAPILLONS
F68350, BRUNSTATT, FRANCE

VINCENT KIEFFER (MGRM)
12 RUE DES PAPILLONS
F68350, BRUNSTATT, FRANCE

DATED this 21st day of June 2010.


~~PAOLA USQUESLIS, INCORPORATOR~~
Organizer

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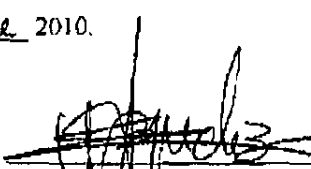
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
OF
JACKETVINCE TROPICAL, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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.

DATED this 21st day of June 2010.



PAOLA VISCUELI, P.A.
Registered Agent
633 N. KROME AVENUE
HOMESTEAD, FL 33030

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OF ORGANIZATION LLC.doc