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FLORIDA LIMITED LIABILITY CO.

IzzyBrie, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
IzzyBrie, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: IzzyBrie, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
13889 SW 41 Street, Davie, Florida 33330.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Kara Atchison, 13889 SW 41 Street, Davie, Florida 33330. Located in the County of Broward.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:
Kara Atchison, 13889 SW 41 Street, Davie, Florida 33330



Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

Date: October 25, 2010

FAX AUDIT # H110000471963

FAX AUDIT # H110000471963CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: IzzyBrie, LLC

The name and address of the registered agent and office is Kara Atchison, 13889 SW 41 Street, Davie, Florida 33330. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Kara Atchison
Kara AtchisonDate: 2/15/2011FILED
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