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## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA LIMITED LIABILITY CO.  
NEW LOOK MIAMI STAGING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FLORIDA SECRETARY OF STATE

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Help

T. HAMPTON

7/6/2011

EXAMINER

7/6/2011 10:00 AM 100-338496

H1000175348

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**NEW LOOK MIAMI STAGING, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall:

**NEW LOOK MIAMI STAGING, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is:

**4747 COLLINS AVENUE # 607  
MIAMI BEACH, FL 33140**

**ARTICLE IV**

The Company shall commence business on: **JULY 6, 2011**

**ARTICLE V**

The name and the Florida street address of the registered agent:

**MARGIT P. SVANES  
4747 COLLINS AVENUE # 607  
MIAMI BEACH, FL 33140**

**ARTICLE VI**

The name of the Managing Member and Manager shall be:

**MANAGING MEMBER  
MARGIT P. SVANES**

**MANAGER  
TORGNY SVANES**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**NEW LOOK MIAMI STAGING, LLC**

(Name of Company)

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

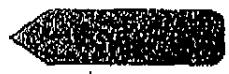
Margit P. Svanes

Registered Agent MARGIT P. SVANES



Margit P. Svanes

Signature of a member or an authorized representative of a member.



(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.)

**MARGIT P. SVANES**

Typed or printed name of signee

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