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	equestor's Name)			
(Address)				
. (
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
APR 2 5 2012				
L. SELLERS				

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195				
REFERENCE: 178381 4720431				
AUTHORIZATION CAMELS BLE MAN				
COST LIMIT : U \$\infty 25.00				
ORDER DATE: April 23, 2012				
ORDER TIME : 9:06 AM				
ORDER NO. : 178381-015				
CUSTOMER NO: 4720431				
DOMESTIC FILING				
NAME: LANE BRYANT #4805, LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION				
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Stephanie Milnes - EXT. 2920				
EXAMINER'S INITIALS:				

COVER LETTER

	Registration Division of C		
SUBJEC	LANE	BRYANT #4805, LLC	
			ted Liability Company
The encl	osed Articles	of Organization and fee(s) are	submitted for filing.
Please re	turn al) corres	pondence concerning this ma	tter to the following:
E	LIZABETI	I MCCORMACK	
			Name of Person
C	HARMING	SHOPPES, INC., LEG.	AL DEPARTMENT
_			Firm/Company
3	750 STATE	ROAD	
_			Address
В	ENSALEM	I, PA 19020	
_			ry/State and Zip Code
n	ormalee.siro	ota@charming.com	for hinure annual report notification)
For furth	er information	concerning this matter, pleas	•
ELIZAI	ветн мсс	CORMACK	at (215) 638-6621 Area Code & Dayrime Telephone Number
	Name	of Person	Area Code & Daytime Telephone Number
Enclosed	l is a check f	or the following amount:	
\$ 125.00 F	iling Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 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, Ft. 32301

12 MPR 24 AM 9: 58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	inv is:
	,
LANE BRYANT #4805, LLC	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3750 STATE ROAD	3750 STATE ROAD
BENSALEM, PA 19020	BENSALEM, PA 19020
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:
Corporation Service C	ompany Name
1201 Hays Street	
Florida str	eet address (P.O. Box <u>NOT</u> acceptable)
<u>Tallahassee</u>	FL 32301 City, State, and Zip
Having been named as registered agent a	nd to accept service of process for the above stated limited

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.

Corporation Service Company

By:

F Stephanie Whlnes Stephanie K. Milnes

Assistant Vice President

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WILLIAM R. DAWSON 3750 STATE ROAD BENSALEM, PA 19020
MGR	JOHN LEE 3750 STATE ROAD BENSALEM, PA 19020
MGR	LINDA M. MADWAY 3750 STATE ROAD BENSALEM, PA 19020
	
(Use attachment if necessary)	
	the date of filing:
REQUIRED SIGNATURE:	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LINDA M. MADWAY

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)