# L12000055754

(Re	questor's Name)	
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D. BRUCE

APR 25 2012

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE: 178381 4720431

Sylloste

AUTHORIZATION : \_\_\_\_

COST LIMIT : \$/\125.00

ORDER DATE : April 23, 2012

ORDER TIME : 9:0 AM

ORDER NO. : 178381-020

CUSTOMER NO: 4720431

# DOMESTIC FILING

NAME: LANE BRYANT #4807, LLC

# EFFECTIVE DATE:

CERT	ICLES OF INCORPORATION FIFICATE OF LIMITED PARTNERSHIP ICLES OF ORGANIZATION	MHAS PARTY	
PLEASE RETU	URN THE FOLLOWING AS PROOF OF FILING:	19 <b>3</b>	: M
XX PLA	RTIFIED COPY AIN STAMPED COPY RTIFICATE OF GOOD STANDING		•

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LANE BRYANT #4807, LL	.C
	Limited Liability Company
The enclosed Articles of Organization and fee(s	) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ELIZABETH MCCORMACK	
	Name of Person
CHARMING SHOPPES, INC., L	EGAL DEPARTMENT
	Firm/Company
3750 STATE ROAD	
	Address
BENSALEM, PA 19020	
	City/State and Zip Code
normalee.sirota@charming.com	
E-mail address: (to be	used for future annual report nonlineation)
For further information concerning this matter, p	please call):
ELIZABETH MCCORMACK	at (215) 638-6621
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$125.00 Filing Fee S130.00 Filing Fee Certificate of Statu	
	Ç.

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, FL 32301



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
LANE BRYANT #4807, LLC	•
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	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
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
Corporation Service	Company
	Name
1201 Hays Street	
Florida	street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, State, and Zip
liability company at the place design	and to accept service of process for the above stated limited ated 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



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

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

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)	
	an the date of filing: (OPTIO) nust be specific and cannot be more than five business of

CIRCLED SIGNAL DRE.

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)

