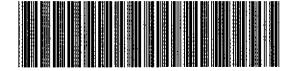
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 2 0 2013

T. BROWN

COVER LETTER

TO: **Registration Section Divison of Corporations** P.O. Box 6327 Tallahassee, 32314

FR:

Danielle Garrow 3231 Dick Wilson Dr. Sarasota, FL 34240 Ph #: (843)-437-7639

RE: Articles of Organization for Malibu Fox Boutique

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		OX Boutique ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
	Daniell	e Garron	
		Name of Person	
	m	aliby Fox Bour	hique
	<i>'a</i>	3231 Dick Wilso	on Dr.
	C	Address	
	Saras	iota, FL 34240	
-	Cit	y/State and Zip Code	
 	Clanielle (Mal E-mail address: (to be used)	Thu fox shop. Com for future annual report notification)	
For further information co	oncerning this matter, please		
Daniell Name of	e Garrów Person	at (<u>843</u>) <u>437-76</u> Area Code & Daytime Telep	039 hone Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Malbu Fox Boutique, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
Malibu Fox Boutique, LLC	5
(Must end with the words "Limited 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	၁ တ s:
Principal Office Address: Mailing Address:	
3231 Dick Wilson Dr. 3331 Dick William Dr. Sarasota, FL 34240 Sarasota, FL 34240	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Danielle Garrow	
3231 Dick Wilson Dr.	
Florida street address (P.O. Box NOT acceptable)	
Saraso ta, FL 34240 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limite 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. Registered Agent's Signature (REQUIRED)	of h

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Danielle Garrow 3231 Dick Wilson Dr. Sarasota, FL 34240
	
•	
(Use attachment if necessary) FICLE V: Effective date, if other than th	ne date of filing:
TICLE V: Effective date, if other than th	ne date of filing: (OPTIONAL) st be specific and cannot be more than five business d
FICLE V: Effective date, if other than the n effective date is listed, the date must	
TICLE V: Effective date, if other than the neffective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business d
TICLE V: Effective date, if other than the neffective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	er or an authorized representative of a member.
TICLE V: Effective date, if other than the neffective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	st be specific and cannot be more than five business d

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)