

L1400008150

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To:

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

From:

Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

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

Email Address: mf@abogadomiami.com

FILED  
2014 JAN 15 AM 10:15  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

RECEIVED  
14 JAN 15 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**L Brands LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JAN 16 2014

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **L Brands LLC**

**ARTICLE II - Address:**

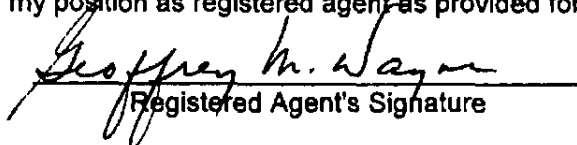
The mailing address and street address of the principal office of the Limited Liability Company is: 7701 SW 68 Terrace, Miami Florida 33143

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Geoffrey M. Wayne, Esq.  
135 San Lorenzo Ave.,  
PH 840  
Miami, Florida 33146-1513

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 605, F.S.

  
Registered Agent's Signature

**ARTICLE IV - Management**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
AMBR

**Name and Address:**  
Enrique Larach  
7701 SW 68 Terrace  
Miami Florida 33143

**ARTICLE V - Effective date**, if other than the date of filing: \_\_\_\_\_

**ARTICLE IV - Other Provisions**, if any.  
\_\_\_\_\_  
  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Geoffrey M. Wayne  
Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA