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Florida Department of State
Division of Corporations
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RECEIVED
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FLORIDA LIMITED LIABILITY CO.
Drop Dead Gorgeous Handbags & More LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

K. SALY
EXAMINER
MAY 19 2014

H14000116907

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Drop Dead Gorgeous Handbags & More LLC

(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:

Principal Office Address:

**5445 Evinrude Road
Melbourne, FL 32934**

Mailing Address:

**5445 Evinrude Road
Melbourne, FL 32934**

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:

Matthew Kendall

Name

5445 Evinrude Road

Florida street address (P.O. Box **NOT** acceptable)

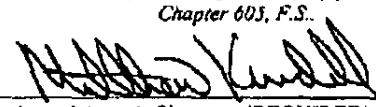
Melbourne

City

FL 32934

Zip

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 603, F.S.


Registered Agent's Signature (REQUIRED)

Matthew Kendall

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kathleen Baker

5445 Evinrude Road

Melbourne, FL 32934

Matthew Kendall

5445 Evinrude Road

Melbourne, FL 32934

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kathleen Baker

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.)

Kathleen Baker

Typed or printed name of signee

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