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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

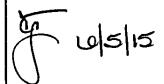
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sweet Lorraine's Boutique LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Erneotine Lorraine Williams	
Name of Person	
Sweet Lorraine's Boutique LLC. Firm/Company	
3642 Abby Lane	
Jacksonville Florida 32207 City/State and Zip Code	
Elorraine WI Q amail. Com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Ernestine Larrique Williams at (904) 534-3948	C
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee \$155.00 Filing Fee \$160.00 Filing Fee, Certificate of Status \$155.00 Filing Fee \$160.00 Filing Fee, Certificate of Status \$160.00 Filing Fee, Certificate of Sta	

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

EFFECTIVE DATE DLD 1015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	15 JUN -1 PM 3. 17
Sweet Lorraine's Boutique LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	AND ARIGHT OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	THE ATMASSEE, PLOND

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Matting Address:
3647 Abby Lane Jacksonville Florida 32207	P.O. Box 47075 Jacksonville, Florida 32247-1095

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:

Ernestine L	orgaine L	Jill: ams
3642 Abby	Name	
Florida street address (P.O. Box NOT	acceptable)
Jacksonuille	Horida	32267
City	State	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 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "ANBR"	Ernestine Loriche Williams
	Jacksonville, Florida 32207
<u>"AMBR"</u>	Kathy R. Parker 3642 Abby Lane
"AMBR"	Tacksonite, Horida 32207
	3647 Aday Lane Jackson le, Florida 37207
<u>"AMBR"</u>	Tayoris R. Cozier 3642 Alby Lane Jacksonville Flerida 32207
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ATICLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does be document's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
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