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Florida Department of State  
Division of Corporations  
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To:

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

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FLORIDA LIMITED LIABILITY CO.  
THE COCONUT GROVE STORE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR THE COCONUT GROVE STORE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: **The Coconut Grove Store, LLC**

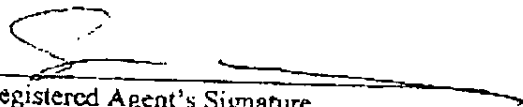
ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2944 Bird Avenue, Coconut Grove, Florida 33133.

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

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

*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, Florida Statutes.*

  
Registered Agent's Signature

Article IV

The name and address of each person authorized to manage and control the Limited Liability Company (AMBR = Authorized Member / MGR = Manager):

Title:

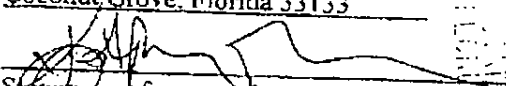
\_\_\_\_\_  
Manager

\_\_\_\_\_  
Manager

Name and Address:

Wallace Wright Milham, II  
2944 Bird Avenue  
Coconut Grove, Florida 33133

Katherine Brookshier  
2944 Bird Avenue  
Coconut Grove, Florida 33133

  
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 Section 817.155, Florida Statutes)*

KATHERINE BROOKSHIER  
Typed or printed name of signee

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