

20031422662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

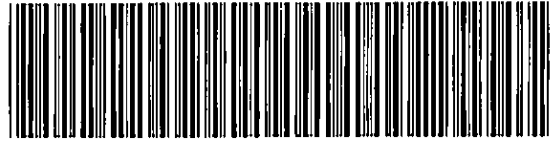
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M. MOON
MAY 17 2018



20031422662

FILED
18 MAY 16 AM 9:55
STATE OF
TALLAHASSEE

MAY 16 PM 4:23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 210389 7356589
AUTHORIZATION : *Squibb*
COST LIMIT : \$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAY 16 AM 9:55
FILED

ORDER DATE : May 16, 2018
ORDER TIME : 2:26 PM
ORDER NO. : 210389-010
CUSTOMER NO: 7356589

DOMESTIC FILING

NAME: PARADIES LAGARDERE @ MCO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PARADIES LAGARDERE @ MCO, LLC
Name of Limited Liability Company

FILED
10 MAY 16 AM 9:55
SECTION
FALL STREET

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN SUTTLE
Name of Person

THE PARADIES SHOPS, LLC
Firm/Company

2849 PACES FERRY ROAD, OVERLOOK 1, SUITE 400
Address

ATLANTA, GEORGIA 30339
City/State and Zip Code

KAREN.SUTTLE@PARADIES-NA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN SUTTLE 404 344-7905
Name of Person at () Daytime Telephone 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
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:

PARADIES LAGARDERE @ MCO, LLC

(Must contain 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:

2849 Paces Ferry Road
Overlook I, Suite 400
Atlanta, Georgia 30339

Mailing Address:

2849 Paces Ferry Road
Overlook I, Suite 400
Atlanta, Georgia 30339

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TALLAHASSEE, FLORIDA

18 MAY 16 AM 9:55

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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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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.

Corporation Service Company

By Emily Croft Emily Croft
Registered Agent's Signature (REQUIRED) Asst. Vice President

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Name and Address:

Gregg Paradies
2849 Paces Ferry Road, Overlook I, Suite 400
Atlanta, Georgia 30339

MGR _____

Charles Kersey
2849 Paces Ferry Road, Overlook I, Suite 400
Atlanta, Georgia 30339

MGR _____

Karen Suttle
2849 Paces Ferry Road, Overlook I, Suite 400
Atlanta, Georgia 30339

(Use attachment if necessary)

10 MAY 16 AM 9:55
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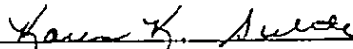
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Karen K. Suttle

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)