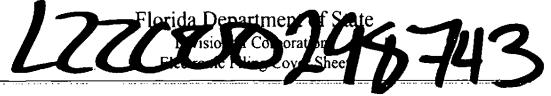
→ 18506176381 Division of Corporations



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(((H22000230208 3)))



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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.

Email Address: SAMV2397@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

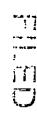
Lyn's Fashion Ave LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited	l Liability Company is:			
	Lyn's Fas	hion Ave LL	С	
(M	lust end with the words "L	imited Liability (Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address The mailing address and	s: I street address of the prin	cipal office of the	: Limited Liability Co	ompany is:
Principal Office Addre	<u>:35:</u>	Mailing Address	<u>is:</u>	
217 Jennings Ave		<u>217 J</u>	ennings Avenue)
Greenacres, FL 3	3463	Gree	nacres, FL 3346	3
				
(The Limited Liability (another business entity	ered Agent, Registered C Company cannot serve as i with an active Florida reg la street address of the reg	ts own Registered istration.)	i Agent. You must de	
	_	•		
	Samantha L Villanu	Ieva Name		
		· · · · · · · · · · · · · · · · · · ·		
	217 Jennings Aven			
	Florida street address (P.	O. Box NOT acc	eptable)	
	Greenacres	FL_	33463	
	City		Zip	
the place designated capacity. I further agi	l in this certificate, I hereby ree to comply with the prov	y accept the appoi visions of all statu	ntment as registered of tes relating to the pro f my position as regist	nted limited liability company at agent and agree to act in this per and complete performance vered agent as provided for in
	Registered Agent's	Signature (PEO	TIBED)	•
	registeren vikein :	P O'BHANDE (NEQ	Otiver)	

(CONTINUED)

Samantha L Villanueva

Page 1 of 2

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Fitle: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager AMBR	Samantha L Villanueva
	217 Jennings Avenue Greenacres, FL 33463
Use attachment if necessary)	
V: Effective date, if other than the date of the date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of the date is listed, the date must be spefiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90
Citive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	cific and cannot be more than five business days prior to or 90

Page 2 of 2