

# Krueckeberg & Licciardi

Law Offices

JOHN H. KRUECKEBERG  
ROBERT LICCIARDI  
Admitted in Fla. 1984

Phone (813) 261-1669  
Fax (813) 261-7501

4081 Landon Tr. No.  
Park Square, C-105  
Naples, Florida 34110

L95000000139

January 26, 1995

4000013914074  
-01/31/95--01077--001  
\*\*\*293.75 \*\*\*293.75

State of Florida  
Department of State  
Corporate Division  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: ACCENT IS FRENCH, L.C., A FLORIDA LIMITED LIABILITY CO.

Gentlemen:

Enclosed is an original and one copy of the Articles of Organization for the above company. Please file the original in your offices and return to us a certificate in the enclosed envelope.

We are enclosing our check in the amount of \$293.75, covering:

Filing Fee:	\$250.00
Cert. designating Registered Agent:	35.00
Certificate	8.75
	<u>\$293.75</u>

Very truly yours,

*John H. Krueckeberg*  
JOHN H. KRUECKEBERG

Enclosure

a\dl\95ltr\95K015.002

FILED  
95 FEB 20 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. REGISTERED FEB 3 1995

FEB 6 1995

FEB 20 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 6, 1995

KRUECKEBERG & LICCIARDI LAW OFFICES  
4081 TAMiami TRAIL NORTH  
PARK SQUARE C 105  
NAPLES, FL 33940

SUBJECT: ACCENT IS FRENCH, L.C.  
Ref. Number: W95000002588

We have received your document for ACCENT IS FRENCH, L.C. and check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 295A00004854

FILED

ARTICLES OF ORGANIZATION OF 75 FEB 20 AM 9:00

ACCENT IS FRENCH, L.C., SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A FLORIDA LIMITED LIABILITY COMPANY

#### NAME

The name of this company shall be "ACCENT IS FRENCH, L.C.". It shall be a limited liability company licensed in Florida.

#### ADDRESS

The address of the principal office and mailing address of this company is 1839 Hurricane Harbor Lane, Naples, Florida 33940.

#### MEMBERS AND MEMBERSHIP

There shall always be at least two members of this company, and the initial members shall be Philippe Martin and Dominique Martin. The members of this company may, by their unanimous actions, admit additional persons to membership and establish the terms and conditions of their membership.

#### BY LAWS AND AMENDMENTS

All amendments to these Articles, the terms of membership, the identity of all persons hereafter added to membership and all other major commitments, policies, obligations, and decisions of the company must be approved and authorized by the unanimous action of all members.

The members may adopt By Laws for the administration of the affairs and for the management of the company.

#### CAPITAL

The beginning capital of this company is \$1,000.00.

#### PURPOSE(S)

This company has been formed for the following purposes:

To conduct the business of importing and exporting goods and services with companies and persons in France and other foreign countries;

To sell goods and services in the United States;

To engage in the business of brokerage, sales, and manufacturing, and acting as representatives of other businesses in the United States, France and other countries;

To offer and perform professional design services and act as design consultants to businesses and individuals in the United States, France and other countries;

To transact any other lawful business allowed and permitted by the laws of Florida to be carried on by Limited Liability Companies.

#### TERMS

The company shall exist in perpetuity.

#### REGISTERED AGENT AND OFFICE

The name and street address of the registered agent of this company is:

John H. Krueckeberg, Esquire  
4081 Tamiami Trail North  
Suite C-105  
Naples, Florida 33940

#### CONTINUATION OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates a member's membership in the company, the surviving members shall continue to perform all of the duties of the company, as though such member had never existed, except for providing to such member the rights to which he was entitled by virtue of agreements entered into between him and the company and/or between him and the surviving members and the surviving members shall have authority to change the form of organization, dissolve the company, or add a partner to the company.


### MANAGEMENT

The company is to be managed by Philippe and Dominique Martin until the first annual meeting of members and until their successors are elected and qualified. The addresses of said managers is 1839 Hurricane Harbor Lane, Naples, Florida 33940. Said managers are authorized to act independently for and on behalf of the company.

### FORMATION

The company is to be considered founded on the date its Articles are approved by the Secretary of State of the State of Florida.

These Articles have been executed by Dominique Martin, as organizing member this 25<sup>th</sup> day of January, 1995.

  
DOMINIQUE MARTIN

STATE OF FLORIDA  
COUNTY OF COLLIER

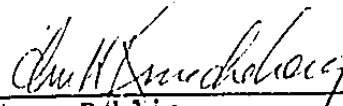
BEFORE ME, the undersigned authority, personally appeared DOMINIQUE MARTIN, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, and who produced I.D. Card as identification.

WITNESS my hand and official seal in the State and County last aforesaid on this 25<sup>th</sup> day of January, 1995

(SEAL)



JOHN H. KRUECKEBORG  
MY COMMISSION # CC381408 EXPIRES  
May 31, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Notary Public

John H. Krueckeborg  
Print Name of Notary  
My Commission Expires:

DESIGNATION OF REGISTERED AGENT

OF

ACCENT IS FRENCH, L.C.

A FLORIDA LIMITED LIABILITY COMPANY

FILED

FEB 20 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The above named corporation, desiring to organize under the laws of the State of Florida with its principal place of business and corporate offices, as indicated in the Articles of Incorporation at the City of Naples, Collier County, Florida, has named:

JOHN H. KRUECKEBERG

as its agent to accept service of process within this state, and as its registered agent for all purposes prescribed by the laws of the State of Florida.

#### ACKNOWLEDGMENT

Having been named to accept service of process and to serve as its registered agent for all statutory purposes, at the place designated in this certificate, I hereby accept said designation, provisions of law relative to keeping open said office.

  
REGISTERED AGENT

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF COLLIER

DOMINIQUE MARTIN, being first duly sworn, upon her oath, says that:

1. The limited liability company, "Accent is French, L.C." has at least two members;
2. Has cash of \$1,000.00, contributed by its members, and it does not anticipate additional cash or property being contributed.
3. Is formed at the time of approval of its Articles by the Department of State, State of Florida, substantial compliance with Florida Statutes related thereto having heretofore occurred;
4. She is a member of said company and executed the Articles thereof on its behalf.

Dated this 25<sup>th</sup> day of January, 1995.

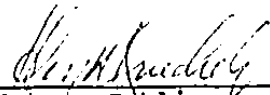
  
DOMINIQUE MARTIN

Sworn to and subscribed before me this 25<sup>th</sup> day of January, 1995, by DOMINIQUE MARTIN, who produced I.D. Card as identification.

(SEAL)



JOHN H. KRUECKEBERG  
MY COMMISSION # CC331408 EXPIRES  
May 31, 1998  
BONDED THRU THEY FAIR INSURANCE, INC.

  
Notary Public

John H. Krueckeberg

Print Name of Notary

Certificate No.

My Commission Expires:

**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After August 21, 1998. If Dissolved, Minimum Amount Due To Reinstatement: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 96 AUG 27 AM 10:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEE** \$263.75  
 Annual Report \$100.00 + \$130.75 Corporation Supplemental Fee + \$25.00 LATE FEE  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1. Name and Mailing Address of Limited Liability Company**  
**DOCUMENT #** L95000000139  
 ACCENT IS FRENCH, L.C.  
 1839 HURRICAN HARBOR LN  
 NAPLES FL 33940

**1a. Principal Place of Business Address**  
 1839 HURRICAN HARBOR LN  
 NAPLES FL 33940

If above mailing address is in error in any way, line through incorrect information and enter correction in Block 2a.

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/20/1995	FL
City & State		City & State		<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0572451	
Country		Country		<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
				/	\$8.75 Additional Fee Required <input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>	<b>8. Name and Address of New Registered Agent</b>
KRUECKEBERG, JOHN H 4081 TAMiami TRAIL N SUITE C-105 NAPLES FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.410 and 608.408, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (Not for Registered Agent signature required when report filed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MARTIN, PHILIPPE	1839 HURRICANE HARBOR LN	NAPLES FL
MGR	MARTIN, DOMINIQUE	1839 HURRICAN HARBOR LN	NAPLES FL

500001936885  
 -08/30/96--01070--002  
 \*\*\*\*263.75 \*\*\*\*263.75

*JP*  
*Philippe*  
*8/25/96*

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* D. MARTIN 07.25.96