L95000006875

DIVISION OF CORPORATIONS
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

CONTACT: KIMBERLY ANDRAS
PHONE: (302) 575-0440
FAX: (302) 575-1346

(((H95000006875)))

DOCUMENT TYPE: LIMITED LIABILITY COMPANY
NAME: INCA DESIGNS LIMITED COMPANY
FAX AUDIT NUMBER: H95000006875
CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/20/1995
TIME REQUESTED: 16:12:07
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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FILED
95 JUN 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

INCA DESIGNS LIMITED COMPANY

Pursuant to Section 608.40 Florida Statutes:

1. The name of the Limited Liability Company is Inca Designs Limited Company

2. The mailing address and street address of the principal office of the Limited Liability Company is 1622 E. Lake Dr., Ft. Lauderdale, FL 33316.

3. The period of duration for the limited liability company shall be perpetual.

4. The Limited Liability Company is to be managed by the members and the names and addresses of the members are; Karen Bellows, 1622 E. Lake Dr., Ft. Lauderdale, FL 33316, Lorena Murphy, 1622 E. Lake Dr., Ft. Lauderdale, FL 33316 and Mercedes Moncloa de Raffo, 1622 E. Lake Dr., Ft. Lauderdale, FL 33316.

AFFADAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Inca Designs Limited Company, deposes and says:

1. the above named limited liability company has at least two members.

2. the total amount of cash contributed by the member(s) is $3000.00

3. if any, the agreed value of property other than cash contributed by member(s) is $ -0- . A description of the property is attached and made a part hereto.

4. the total amount of cash or property anticipated to be contributed by member(s) is $ 6000.00 . This total includes amounts from 2 and 3 above.

Karen Bellows
Signature of Member or Authorized Representative

Fees Submitted by: K. Andras, The Company Corporation, 201 N. Walnut St., Wilmington, De 19801

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507 Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the limited liability company is: Inca Designs Limited Company.

2. The name and address of the registered agent and office is:

Karen Bellows
1622 N. Lake Dr.
Ft. Lauderdale, FL 33316

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.

Karen Bellows
Signature

6-5-95
Date

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95 JUN 21 AM 11:49
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TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JUN 10 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
$ 238.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000476

INCA DESIGNS LIMITED COMPANY
1622 E. LAKE DRIVE
FT. LAUDERDALE FL 33316

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

1a. Principal Place of Business Address
1622 E. LAKE DRIVE
FT. LAUDERDALE FL 33316

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 06/21/1995

3a. State of Formation: FL

4. FEI Number: 65-0683473

☐ Applied For
☒ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

BELLOWS, KAREN
1622 E. LAKE DRIVE
FT. LAUDERDALE FL 33316

8. Name and Address of New Registered Agent

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 608.508, 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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BELLOWS, KAREN	1622 E. LAKE DRIVE	FT. LAUDERDALE FL
MGRM	MURPHY, LOREN (Lorene)	1622 E. LAKE DRIVE	FT. LAUDERDALE FL
MGRM	MONCLOA, MERCEDES	1622 E. LAKE DRIVE	FT. LAUDERDALE FL

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****263.75 ****263.75

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: Karen Bellows 5-21-96 954 792 2465
(Signature and Typed or Printed Name of Signing Managing Member or Manager) Date Daytime Phone #

INHSE10 R(12-95)