49000004135

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000016815 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3770

LIMITED LIABILITY COMPANY

nouvelle promotions, l.l.c.

Name HLMAvailability Document Examiner Updater ປຸວdater Verifyer Acknowledgement W. P. Verifyer

Certificate of Status O Certified Copy 1 Page Count 04 Estimated Charge \$337.50

1 of 2

7/9/99 12:00 PM ***

P.01/09 202 241 3570 EMPIRE CORP

17F-00-1660 15:53

-HA9000016815

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nouvelle Promotions, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3242 Mary Street, Suite 317 Coognut Grove, FL 33133

ARTICLE III - Duration:

The period of duration of the Limited Liability Company shall be:

The duration of the Company shall be perpetual unless the Company dissolves in accordance with the provisions of the Company's Regulations or these Articles of Organization.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Cristina Cipolleti 3242 Mary Street, Suite 317 Coconut Grove, FL 33133

ARTICLE V - Admission of Additional Members:

No person may be admitted as an additional member unless a majority of members consent in writing to the issuance of additional units to a new or current member for fair consideration.

David M. Turner, CPA 19 West Flagler Street, Suite 600 Mismi, FL 33130 Tel: (305) 377-0707

H990000 168 15

-H=900001681S

ARTICLE VI - Members' Rights to Continue Business:

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member's membership in the Company for any reason, unless the business of the Company is continued by the consent of all remaining members of the Company within 60 days after any of these events.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Nouvelle Promotions. L.L.C.

APT	ifies:	
1) 2) 3)	The above named limited liability company has at least one member; The total amount of cash contributed by the member(s) is. The agreed value of property other than cash contributed by member(s) is. The total amount of cash and property contributed and anticipated to be contributed by member(s) is. Signature of a member or an authorized representative of a member of an authorized representative of a member of a member of an authorized representative of a member of a	nember.
	The accordance with section 608.408(3), Florida Statutes, the facts state	for uciem we man.

constitutes an affirmation under the penalties of perjury that the facts stated herein are true). (In accordance with section 608.408(3), Florida Statutes, the ex

> David M. Turner Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

David M. Turner, CPA 19 West Flagler Street, Suite 600 Miami, FL 33130 Tel: (305) 377-0707

HA9000016815

H99000016815

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Nouvelle Promotions, L.L.C.
2.	The name and the Florida street address of the registered agent are:
	David M. Turner, CFA
	Name
	19 West Fingler Street, Suite 600
	Florida street address (P.O. Box NOT acceptable)
	Miemi, FL 33130
	City, State and 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 abligations of my position represistered agent.

Filing Fee: 535 for Designation of Registered Agent

David M. Turner, CPA 19 West Flagler Street, Suite 600 Miami, FL 33130 Tel: (305) 377-0707

+199000016815