Division of Corporations

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Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)922-4003

From: Karen L. DiDea (Direct Dial No. 407/418-6462)

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 Phone

: (407)843-4600

Fax Number : (407)843-4444

ATTORNEY NO. 424 PLEASE ARRANGE FILING OF THIS DOCUMENT WITH AN EFFECTIVE CLIENT NO. 099998 DATE OF TODAY, OCTOBER 29, 1999, AND RETURN EVIDENCE OF

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LIMITED LIABILITY COMPANY

ELIZABETH ROLAND DESIGNS LLC

Certificate of Status	0
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10/29/99

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of this Limited Liability Company is:

Elizabeth Roland Designs LLC (the "Company").

ARTICLE II - Address

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

423 Langholm Drive Winter Park, Florida 32789

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent are:

Keith Manzi 215 N. Eola Drive Orlando, Florida 32801

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 paper 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 608, F.S..

Keith Manzi

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

This document was prepared by:
Keith Manzi, Esquire
Florida Bar Number: 0020753
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
P. O. Box 2809
Orlando, Florida 32802-2809
(407) 843-4600

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa Manzi

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 99 OCT 29 AM II: 02 SECRETARY OF STATE