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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

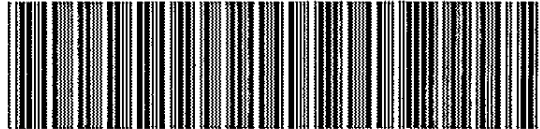
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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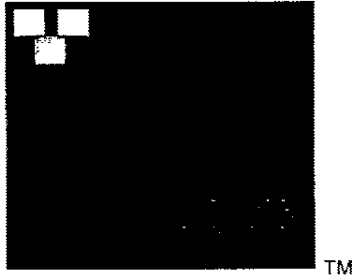


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2004 FEB 18 PM 4:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN FEB 27 2004



February 17, 2004

Florida Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, Fla. 32399

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


To Whom It May Concern:

I have enclosed the documentation for the application for my Foreign Limited Liability Company's availability to transact business in the State of Florida. Please mail back the Certified Authorization to the address listed below.

Send information to
Newburns Management Group
P.O. Box 20203
New Orleans, LA. 70141-0203

If you have any questions or additional information is required, you can contact me at (504) 443-1414 or (504) 259-7414.

Sincerely,


Winston Burns
President

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. NEWBURNS MANAGEMENT GROUP L.L.C.
(Name of foreign limited liability company)
2. LOUISIANA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 72-1502280
(FEI number, if applicable)
4. 04/30/2001
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 03/01/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1726 LAKESHORE DRIVE
NEW ORLEANS LA, 70122
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

WINSTON J. BURNS, JR 1726 LAKESHORE DRIVE, NEW ORLEANS LA, 70122

WENDY BRUNET BURNS 1726 LAKESHORE DRIVE, NEW ORLEANS LA, 70122

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: RETAIL GIFT SHOP

CHAIN

Winston J. Burns Jr
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WINSTON J. BURNS, JR.

Typed or printed name of signee

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DILLON'S CORPORATIONS
TALLAHASSEE, FLORIDA

**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:

NEWBURNS MANAGEMENT GROUP L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Ms. Martha Hutchinson

(Name)

2413-2 Tack Room Lane

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Orlando, Fla. 32812

(City/State/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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

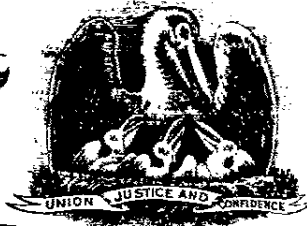
Martha Hutchinson

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
State of Louisiana



Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Organization of

NEWBURNS MANAGEMENT GROUP, L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization
was issued on April 30, 2001,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
February 12, 2004

Jox McKeithen
RHU 35081045K

Secretary of State

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TALLAHASSEE, FLORIDA

