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S. HAWKES

APR 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Adie Anna, LLC	
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
Crystal Allen	
(Na	me of Person)
Adie Anna, LLC	
(Fir	m/Company)
PO Box 351827	
	(Address)
Jacksonville, Florida 32235	5
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Crystal Allen	at (615) 809-4031
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\begin{align*}\\$\\$\$125.00 \text{Filing Fee} & \subseteq \\$\$130.00 \text{Filing Fee} & \text{Certificate of} \end{align*}	\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Adie Anna, LLC (Name of Foreign Limited Liability Company; must include the company)	da "I imited Liebility Company" "I. C. " or "I. I. C."
No alternate. If not available no need to	• • •
(If name unavailable, enter alternate name adopted for the purpos	
consent of the managers or managing members adopting the alter Company," "L.L.C.," "L.L.C.")	
₂ State of Delaware	26-4469803 (EIN number)
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. March 12, 2009 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not applicable	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 13634 Canoe St	
Jacksonville, Florida 32226	
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	iging members or managers are as follows:
Member 1: Crystal Allen 13634 Canon	·
Member 2: Angela Newman 1450 Hig	hway 70 Kingston Springs, TN 37082
	, , , , , , , , , , , , , , , , , , ,
10. Attached is an original certificate of existence, no more than 90 di the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida:
On line children's clothing store	.
	horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)

Typed or printed name of signee

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.

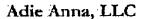
1. The name of the Limited Liability Company is:	100 B -11
Adie Anna, LLC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If name unavailable, the alternate name to be used in the state of Florida is:	16 M
No alternate. If not available no need to process at this time.	
2. The name and the Florida street address of the registered agent and office are:	额 8
Crystal Allen	_
(Name)	
13634 Canoe St	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
Jacksonville, Florida 32226 FL City/State/Zip	_
on participation and participa	
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of	ment as registered

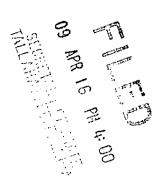
relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:32 PM 03/12/2009
FILED 03:32 PM 03/12/2009
SRV 090262537 - 4664994 FILE

STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION





FIRST. The name of the limited liability company is Adie Anna, LLC

SECOND. The address of its registered office in the State of Delaware is 1521 Concord Pike, #202, Wilmington, DE 19803, County of New Castle. The name of its Registered agent at such address is United States Corporation Agents, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on the date below.

Date: March 11, 2009

LegalZoom.com, Inc., Organizer By: Eileey Gallo, Assistant Secretary