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S-12-00

Humberto Ocañiz
Requestor's Name

2151 LeJeune Rd #312
Address

Coral Gables FL 33134
City State ZIP Phone

305 444-8288

VALIDATION ONLY

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-05/15/00--01031--026
****155.00 ****155.00

CORPORATION(S) NAME

GENEZANO'S GOURMET ICE CREAM, LLC.



Empire Toll Free: 1-800-432-3028

RECEIVED
00 MAY 15 AM 9:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
00 MAY 15 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Profit
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- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
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Name
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Acknowledgment
W.P. Verifier

5/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Genezano's Gourmet Ice Cream, LLC

ARTICLE II - Address:

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

4440 NW 74th Avenue Miami, FL 33166

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

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

Fernando Pulido

Name

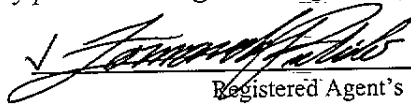
4440 NW 74th Avenue

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

Miami, FL 33166

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



Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(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.)

Fernando Pulido

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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