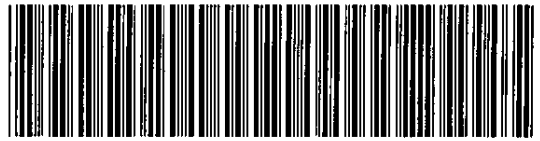


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

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T. CLINE  
JUN - 8 2009  
EXAMINER

## Law Office of David M. Beliveau, PLLC

Paul J. Mansur, Esq., CPA  
admitted to the Massachusetts and Illinois Bars  
pmansur@beliveaulaw.com  
www.beliveaulaw.com



220 North Broadway  
Second Floor  
Salem, NH 03079  
Tel: (603) 893-2304  
Fax: (888) 801-3385

June 3, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization for Store Brands Confectionery, LLC

To Whom it May Concern:

Enclosed please find a completed Cover Letter and Articles of Organization for Florida Limited Liability Company and our client's check in the amount of \$125.00 made payable to Florida Department of State in payment of the filing fee necessary to register a Florida limited liability company. If you require and additional documentation please send any correspondence to my attention at our Waltham office (see address above).

Feel free to contact me if you have any questions at (603) 893-2304 or (888) 801-8016.  
Thank you very much for your assistance.

Very truly yours,

  
Paul J. Mansur

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TALLAHASSEE, FLORIDA

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Enclosure  
cc: Daniel Shina

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Store Brands Confectionery, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Shina  
Name of Person

Store Brands Group, Inc.  
Firm/Company

801 Brickell Ave., Suite 900  
Address

Miami, FL 33131  
City/State and Zip Code

Daniel Shina [dshina@storebrands.net]  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul J. Mansur, Esq at ( 603 ) 893-2304  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Store Brands Confectionery, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

801 Brickell Ave., Suite 900  
Miami, FL 33131

801 Brickell Ave., Suite 900  
Miami, FL 33131

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel Shina

Name

801 Brickell Ave., Suite 900

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

Miami, FL 33131 FL

City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Daniel Shina  
934 16th Street, Apt 7  
Miami, FL 33139

Member

Grisela Basualdo  
934 16th Street, Apt 7  
Miami, FL 33139

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

DANIEL SHINA

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)