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From: Kimberly Lacubrev

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.
Marie Blachere Biscayne Miami Bakery, LLC

Certificate of Status	0
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Page Count	03
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From: County Laughter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLMARIE BLANCHERE BISCAYNE MIAMI BAKERY, LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:1000 Brickell Avenue1000 Brickell AvenueSuite 400Suite 400Miami, FL 33131Miami, 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:

C T Corporation SystemN/A1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFlorida33324CityStateZip

*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 **his** 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 605, F.S.***

C T Corporation System

By:

*Stephanie Hencz***Stephanie Hencz**
Assistant SecretaryRegistered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

"MGR" = Manager

MGR

BLANCHERE USA OPERATIONS, LLC

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

PURPOSE: The purpose for which the Company is being formed is to engage in any activity or business permitted under

REQUIRED SIGNATURE:

Joss Alcalay

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jose Alcalay

Typed or printed name of signer _____

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 39.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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