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## Florida Department of State

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From:

: GREENBERG TRAURIG (WEST PALM BEACH) : 075201001473 : (561)650-7900

Account Name Account Number Phone Fax Number (561)655-6222

Please fax to Beth Gdanski in Boca Office (561) 994-8898

LIMITED LIABILITY COMPANY

NANAS N PAPAS, LLC

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#### ARTICLES OF ORGANIZATION OF NANAS N PAPAS, LLC

The undersigned member adopts the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

## ARTICLE I NAME OF COMPANY

The name of the limited liability company is NANAS N PAPAS, LLC (the "Company").

# ARTICLE II PERIOD OF DURATION

The Company shall exist perpetually, unless sooner dissolved in accordance with the Company's Regulations or Florida law.

# ARTICLE III REGISTERED OFFICE AND AGENT

The address of the Company's principal office and the mailing address of the Company is as follows: P.O. Box 8774, Coral Springs, Florida 33075. The name and address of the Company's initial registered agent in the State of Florida is as follows: Anita H. Company, 4858 NW 117th Avenue, Coral Springs, Florida 33706.

#### ARTICLE IV

## REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the approval of holders of a majority in interest of the remaining members entitled to vote.

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#### ARTICLE V

## DISSOLUTION AND RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) Upon the death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, the existence and business of the Company shall be continued by the remaining members without the necessity for the consent or vote of the members.

### ARTICLE VI MANAGEMENT

The Company will be managed by the members of the Company in accordance with the Company's regulations. The names and addresses of the Company's managing member is as follows:

Anita H. Connors

4858 NW 117th Avenue Coral Springs, Florida 33766CRE 1ANY 97 PR

ARTICLE VII
PURPOSE

The Company is organized for any legal and lawful purpose for which a limited lightlity company may be organized pursuant to the Act.

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IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 2 DAY OF 12000.

Anita H. Connors

STATE OF FLORIDA

### COUNTY OF PALM BEACH

Before me personally appeared Anita H. Connors who is known to me to be the person who executed the foregoing articles of organization on behalf of NANAS N PAPAS, LLC.

In witness whereof, I have hereunto set my hand and seal on this 27+4 day of April \_\_\_\_\_\_, 2000.

Beth Manhi

Notary Public Signature

Commission Number \_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_

OFFICIAL NOTARY SEAL,
BETH GDANEK!
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC 892240
MY COMMISSION EXP. DEC. 52683

## CERTIFICATE OF DESIGNATION OF

## REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the limited liability company is: NANAS N PAPAS, LLC
- The name and address of the registered agent and office is:

Anita H. Connors 4858 NW 117th Avenue Coral Springs, Florida 33706

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.

Anita H. Connors

(Date)

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