

ACCOUNT NO.: 072100000032

REFERENCE: 897892 7112109

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: November 14, 2000

ORDER TIME: 11:27 AM

ORDER NO. : 897892-005

CUSTOMER NO: 7112109

CUSTOMER: Claudia Bass, Legal Asst

Buchanan Ingersoll, P.c.

300003463123--1

Suite 2100

100 Southeast 2nd Street

Miami, FL 33131

DOMESTIC FILING

NAME: KFS COOKIE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KFS Cookie, LLC

ARTICLE II - Address:

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

c/o Turnberry Associates 19051 Biscayne Boulevard, Suite 400 Aventura, FL 33180

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

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

Richard N. Schermer 19495 Biscayne Boulevard, Suite 606 Florida street address (P.O. Box NOT acceptable) Aventura, FL 33180 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 performace 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..

Article IV - Management (Check box if applicable.)

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

> led if an effective date is requested) (An additional article in Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Elorida Statutes, the execution of this document constitutes an affirmation uniter the penalties of perjury that the facts stated herein are true/

> ame of signee HERMER, Authorized Representati of a member

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)