# 01000012570

ACCOUNT NO.: 07210000032

REFERENCE: 306670 5139307

AUTHORIZATION:

COST LIMIT :

ORDER DATE : July 30, 2001

ORDER TIME : 11:03 AM

ORDER NO. : 306670-005

CUSTOMER NO:

5139307

CUSTOMER: Mr. Richard X. Lehmann

Burk Law Firm

1818 N. Street N.w.

Suite 701

Washington, DC 20036

DOMESTIC FILING

NAME:

INNOVATIVE COOKWARE LLC

### EFFECTIVE DATE:

700004507007

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133 EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Innovative Cookware LLC

## ARTICLE II - Address:

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

4005 Casey Key Rd., Nokomis, Florida 34275

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

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

Helene Vollmer

Name
4005 Casey Key Rd.

Florida street address (P.O. Box NOT acceptable)
Nokomis FL 34275

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.

Helene Vollmer

Ey: 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 is, 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.)

Helene Vollmer
Typed or printed name of signee

Filing Feer:

5100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

OI JUL 30 PM 12: 46
SECRETARY OF STATE
TALLAHASSEE FINANCE