Sent by: PARCORP SERVICES LTD \$600 398 0461 11/14/01 7:17AM Job 386 Page 1 Envision of a proportions to.fl.us/scripts/efilence.com

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H010001143113)))

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Division of Corporations

Fax Number : (850)205-0383

33

Account Name : PARCORP SERVICES, LTD.

Account Number :)19990000011

Phone : (877) 603-2533 Fax Number 1 (707) 276-4538

LIMITED LIABILITY COMPANY

FRANCHISE PARTNERS LLC

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Fax Audit No. (((H01000114311 3 STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF FRANCHISE PARTNERS LLC

Pursuant to s. 608.407, Florida Statutes,

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRANCHISE PARTNERS LLC

ARTICLE II - Address:

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

290 GLENSHORE DRIVE, CULLOWHEE, NC 28723

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

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

STEVE RUTTENBERG

Name

22 COTTONWOOD TRAIL

Florida street address (P.O. Box NOT ACCEPTABLE)

PALM COAST, FL 32137

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 vertificate, 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 um familiar with and accept the obligations of my position as registered agent as provided for in 60%.

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

Signature of a member or authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

David L. Surina

Typed or Printed name of signce

Preparer Info:

Parcorp Services, Ltd. / David L., Surina 931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 (800) 603-2533 Fax Audit No. (((H01000114311 3 **)))**

Fax Audit No. (((H 01000114311 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

FRANCHISE PARTNERS LLC

2. The name and Flo	orida street address of the registered agent are:		TALI SEC
	STEVE RUTTENBERG	01	CREAT
-	Name	NOV	
	22 COTTONWOOD TRAIL	41	150 150 150 150 150 150 150 150 150 150
•	Florida street address (P.O. Box NOT ACCEPTABLE)		VOINO JUVI.
	PALM COAST, FL 32137		

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City, State and Zip

Registered Agent STEVE RUTTENBERG

Fax Audit No. (((H010001143113)))