

L02000020338

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : NOEL W. BURNS, P.A.
Account Number : I20010000128
Phone : (305) 274-0333
Fax Number : (305) 274-0362

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

MI PAN BAKERY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
OF
MI PAN BAKERY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be MI PAN BAKERY, LLC, ("company").

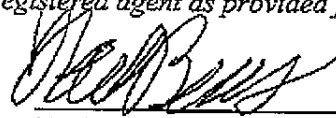
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is: 15440 SW 74th Circle Ct., # 604, Miami, FL 33193.

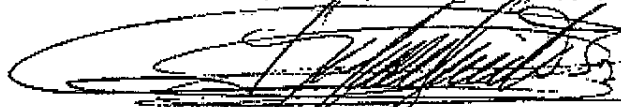
ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida is: Noel W. Burns, 7700 N. Kendall Dr., Ste 503, Miami, FL 33156.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.


Noel W. Burns

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Miami, Florida, on August 8, 2002.


Rafael Argente

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(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.)

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STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this August 8, 2002 by Rafael Angarita, who is personally known to me OR produced identification.

Type of identification produced: _____



Notary Public -- State of Florida



Noel W. Burns
Commission # CG 897800
Expires Dec. 26, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

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