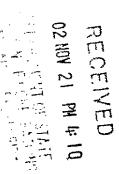
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(Re	questor's Name)	<del>,,,,</del>
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		

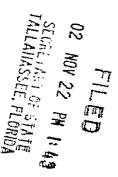
Office Use Only



300009073753



BK





ACCOUNT NO. : 072100000032

REFERENCE: 824689

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: November 18, 2002

ORDER TIME : 3:18 PM

ORDER NO. : 824689-001

CUSTOMER NO: 7357698

CUSTOMER: Mr. Yves Lajeunesse Mr. Yves Lajeunesse

4360 Northlake Blvd.

#100

Palm Beach Gard, FL 33410

#### DOMESTIC FILING

NAME:

FOOD BUSINESS INTERNATIONAL

LLC

ARTICLES OF INCORPORATION

#### EFFECTIVE DATE:

	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
COMPANIES OF	DEDCON. Cusic Pricht PYT 1156

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: FOOD BUSINESS INTERNATIONAL LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan 4360 NORTHLAKE BOULEVARD #100, PALM BEACH GARDENS, FL 33410 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: YVES LAJEUNESSE Name 8256 WOODSMUIR DRIVE Florida street address (P.O. Box NOT acceptable) WEST PALM BEACH 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. By: YVES LAJEUNESSE Registered Agent's Signature (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.) DEBORAH D. SKIPPER Typed or printed name of signee 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)

## FOOD BUSINESS INTERNATIONAL LLC MANAGING MEMBERS LIST

YVES LAJEUNESSE 8256 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412

NICOLE VANIER 8256 WOODMUIR DRIVE WEST PALM BEACH, FL 33412

JEAN PIERRE SCHURMANN 14, RUE DES ESSARTS, 69500 BROV, FRANCE



sxk

P. 002

### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of FOOD BUSINESS INTERNATIONAL ILC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed or	a this 21 day of November, 20072 ?
	The leaves of the second
	Signature Mg 2
	Print Name of Signer 5
WITNESS:	WITNESS:
Melanie Jajermes se Signature	Mucole Vaxier Signature
Melanie Lajeunesse	NicolE VANIER
Print Name of Witness	Print Name of Witness