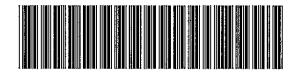
L030000047/6

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Guerriese Linky Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORIDA



100011119611



AL'

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCAOC	00000	005	₹5. * 71		
REFERENCE:	20 -	38079	-/	FIL	ED	
(Sub Account)	<u> </u>	1-7		03 FEB -7	PH 1:	5 5
DATE:	<u>~/</u>		,	SECRETARY	OF ST	ATE DIDA
REQUESTOR HAME:_	Lexis	Docur	nent So	2 ALL POROS	;E, FLU 	MUA
ADDRESS:					_ _	
-					 .	
					_	
TELEPHONE: (.) (<u> </u>) a:	xt (_)	
CONTACT NAME:					- -	
CORPORĂTION NAME:	Breez	es Fr	ozen:	Custa	rd	LLC
					,	
DOCUMENT NUMBER:						
(if applicable)						155,0
	(1500)	. /	Woode	1 .		122,
AUTHORIZATION:	<u> </u>	10 J. 1	2 orac	jara		,
CERTIFIED CO	PY (1-9)		U			
CERTIFICATE OF PLAIN STAMPE	SUTATE TC	(1-9)		-		
					_	
) Call When Ros	rgA () Call) Hill	if Proble Wait) mc (fter 4:30 lox Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
03 FFB -7 PM 1: 55

ARTICLE I - Name:

The name of the Limited Liability Company is: Breezes Frozen Custard, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 63236 Ashbury Drive
Washington, MI 48095
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LexisNexis Docu	ment Solutions Inc.				
	Name				
3953 W.W. Kelle	ey Road				
Florida street address (P.O. Box NOT acceptable)					
Tallahassee, FI	32311 FL				
	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.

Michelle Kudyl, Asst. Secretary
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.)

Nicholas I. Fink

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)