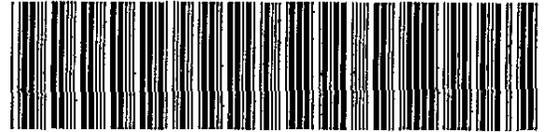


W03000018167

00789-00524-00671* LLC NOT CORP

Document Number
JOSE R. URDANETA
- 10875 N.W. 59 ST.
- MIAMI, FL 33178



000017087830

(City/State/Zip/Phone #)

05/01/03--01098--014 **150:06
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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 2, 2003

JOSE URDANETA
10875 N.W. 59 ST.
MIAMI, FL 33178

SUBJECT: TROPIFUN SNACKS, L.L.C.
Ref. Number: W03000012647

We have received your document for TROPIFUN SNACKS, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Articles of Organization to file a Limited Liability Company, the forms submitted are for a Corporation.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 303A00027044

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPIFUN SNACKS, L.L.C.

ARTICLE II - Address:

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

10875 NW 59 STREET, MIAMI, FL 33178

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

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

JOSE R. URDANETA (JRU)
Name

10875 N.W. 59 STREET
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33178
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.

[Handwritten Signature]

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Handwritten Signature]

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.)

Jose R. Urdaneta

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)

FILED
03 MAY 19 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Guillermo Torres
My Commission CC838921
Expires May 20, 2003

[Handwritten Signature]