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CLEAR CHANNEL

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FROM : Clarion Ventures, Inc.

FAX NO. : 8014755420

Jun. 25 2003 09:28AM P2

**L030000023238**

**Florida Department of State  
Division of Corporations  
Public Access System**

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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (801) 721-4788  
Fax Number : (801) 475-5420

**LIMITED LIABILITY COMPANY**

**Gramma Jake's Grocery, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

*Handwritten:*  
JTB  
6-25-03

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Gramma Jake's Grocery LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
Without Prejudice 1216 North Palafox  
Pensacola, Florida 32501

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

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

Toby Jacobson

Name

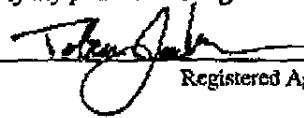
Without Prejudice 1216 North Palafox

Florida street address (P.O. Box **NOT** acceptable)

Pensacola, FL 32501

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.*



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.)

PAUL AUNE JACOBSON

Typed or printed name of signer

**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)

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03 JUN 25 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED