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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

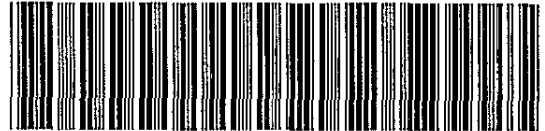
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DIVISION OF CORPORATIONS  
03 AUG 28 AM 11:51

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VANILLA BEAN CONFECTIONS  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RITA J. DEDOMINICK  
(Name of Person)

VANILLA BEAN CONFECTIONS  
(Firm/Company)

15002 ARBOR RESERVE CIRCLE - Apt. 208  
(Address)

TAMPA, FL. 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

RITA J. DEDOMINICK at (813) 908-0645  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VANILLA BEAN CONFECTIONS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

15002 ARBOR RESERVE Circle  
Apt. 208

**Mailing Address:**

TAMPA, FL.  
33624

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

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

RITA J. DEDOMINICK  
Name

15002 ARBOR RESERVE Circle Apt. 208  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA, FL 33624  
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..*

Rita J. Dedominick  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

RITA J. DEDOMINICK  
15002 ARBOR RESERVE CIRCLE • Apt. 208  
TAMPA, FL. 33624

"MGRM"

LINDA M. LYMAN  
18904 AVENUE BIARRITZ  
LUTZ, FL. 33558

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

RITA J. DEDOMINICK

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)