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Florida Department of State  
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Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
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## LIMITED LIABILITY COMPANY

Coastal Bakery Partners LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
Coastal Bakery Partners LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Coastal Bakery Partners LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 3521 America Ave., Jacksonville Beach, Florida 32250.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV DURATION**


The duration for the limited liability company shall be: 12/31/2043.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

John Heidecker, 3521 America Ave., Jacksonville Beach, Florida 32250.

APPROVED  
FILED  
03 SEP 15 AM 9:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

  
Business Filings Incorporated, Organizer  
Mark Schiff, AVP  
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated  
8025 Excelsior Dr., Suite 200, Madison, WI 53717  
(608) 827-5300

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Coastal Bakery Partners LLC**

The name and address of the registered agent and office is Business Filings Incorporated,  
660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: \_\_\_\_\_

*Mark Schiff*  
Mark Schiff, A/V/P  
Business Filings Incorporated

Date: September 15, 2003

AND  
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03 SEP 15 AM 9:15  
TALLAHASSEE, FLORIDA

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