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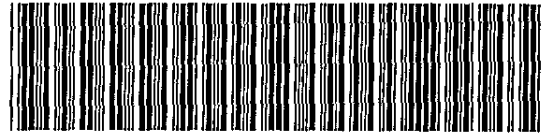
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BRASHEAR & ASSOC. P.L.
C o u n s e l o r s A t L a w

926 N.W. 13th Street
Gainesville, FL 32601-4140
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BRUCE BRASHEAR
WILLIAM CLAYTON MARTIN III

February 18, 2004

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: ISABEL'S DELIGHTS, L.L.C.

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Gentlemen:

Please find the original and one (1) copy of the Articles of Organization for the above-referenced limited liability company, as well as our check in the amount of \$155.00 representing the following:

Filing Fee	\$ 100.00
Certificate Designating Resident Agent	25.00
Certified Copy of Articles of Organization	30.00

After filing the original Articles of Organization, please certify the enclosed copy and return same to this office.

Sincerely,

BRASHEAR & ASSOC., P.L.

By: _____

Carrie Fagan, Legal Assistant

Enclosures

**ARTICLES OF ORGANIZATION
OF
ISABEL'S DELIGHTS, L.L.C.**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**ARTICLE I
NAME OF COMPANY**

The name of the limited liability company is Isabel's Delights, L.L.C. (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on February 12, 2104.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is 3505 N.W. 31st Street, Gainesville FL 32605. The name and address of the Company's initial registered agent in the State of Florida is Isabel M. Rodriguez.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the approval of the members entitled to vote.

**ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within ninety (90) days after such event all of the remaining members agree in writing to continue the business of the Company.

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**ARTICLE VI
MANAGEMENT**

The Company will be managed by Isabel M. Rodriguez in accordance with the Company's regulations. The address of the Manager is 3505 N.W. 31st Street, Gainesville FL 32605.

**ARTICLE VII
PURPOSE**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

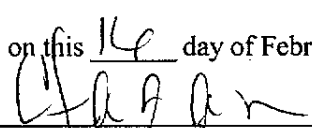
IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 16th DAY OF FEBRUARY, 2004.


ISABEL M. RODRIGUEZ

**STATE OF FLORIDA
COUNTY OF ALACHUA**

Before me personally appeared ISABEL M. RODRIGUEZ who is known to me to be the person who executed the foregoing Articles of Organization on behalf of ISABEL'S DELIGHTS, L.L.C.

In witness whereof, I have hereunto set my hand and seal on this 16 day of February, 2004


Notary Public, State at Large
My Commission Expires:



Carrie P. Fagan
MY COMMISSION # CC993032 EXPIRES
January 10, 2005
BONDED THRU TROY FARM INSURANCE, INC.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ISABEL'S DELIGHTS, L.L.C.
2. The name and address of the registered agent and office is:

ISABEL M. RODRIGUEZ
3505 N.W. 31st Street
Gainesville FL 32605

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.

Isabel M. Rodriguez
ISABEL M. RODRIGUEZ, Registered Agent

Date: 2-16-04

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