

03/16/2004

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CORP/IN/ECT 205-0383

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Florida Department of State  
Division of Corporations  
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Fax Number : (850)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850)222-1173  
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TALLAHASSEE, FLORIDA

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0443.24473

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**PREMIER ICE CREAM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREMIER ICE CREAM, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**281 Pinewood Dr.Tallahassee, FL 32303**Mailing Address:**281 Pinewood Dr.Tallahassee, FL 32303**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Charles E. Vanture

Name

281 Pinewood Dr.Florida street address (P.O. Box **NOT** acceptable)TallahasseeFLORIDA 32303

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, Florida Statutes..*



Registered Agent's Signature

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**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

Premier Ice Cream Distributors, LLC

281 Pinewood Dr.

Tallahassee, FL 32303

(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.)

Charles E. Vanture

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAFFIDAVIT  
FILED**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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