Division of Corporation BLASKSTONE Page of 1

Florida Department of State

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Account Number : 072720000101
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# LIMITED LIABILITY COMPANY

CARRIAGE FOODS, LLC

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# Articles of Organization Of CARRIAGE FOODS, LLC

The undersigned, as an authorized representative, hereby forms a limited liability company under the laws of the State of Florida:

### ARTICLE I. COMPANY NAME

The name of this Company is: CARRIAGE FOODS, LLC

8502970283

#### ARTICLE II. MAILING ADDRESS OF COMPANY

The mailing address of this Company is:

960 – 41<sup>st</sup> Street, #206 MAMI BEACH, FLORIDA 33140

#### ARTICLE III. STREET ADDRESS OF COMPANY

The street address of the principal office of the Company is:

960 – 41\* Street, #206 MIAMI BEACH, FLORIDA 33140

#### ARTICLE IV. REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

MARTIN W. WASSERMAN 960 41st Street, #206 MIAMI BEACH, FLORIDA 33140

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#### ARTICLE V. MANAGEMENT

The Company is to be member-managed company. The initial manager is MARTIN W. WASSERMAN.

## ARTICLE VI. MEMBER

The Sole Member is:

Name:

MARTIN W. WASSERMAN

Address:

960 - 41st Street, #206

MIAMI BEACH, FLORIDA 33140

IN WITNESS WHEREOF, the undersigned members have executed the foregoing Articles of Organization as of the 27 day of 3017 2004.

MARTIN W WASSEDMAN

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#### CERTIFICATE ACCEPTING DESIGNATION AS AN AGENT UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE MAY BE SERVED

The following is submitted pursuant to Sections 608.415 and 608.507 of the Florida Statutes:

Having been appointed registered agent of CARRIAGE FOODS, LLC, in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that it is familiar with, and accepts, the obligations of such position.

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 2? by Martin 1. Wasserman who is personally known to pre or who le as identification.

Notary Public



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