LU40000 74865

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100041713501

10/15/04--01077--009 **125.00

OF OCT 15 PH 2:56
SECHAL SAY OF STATE ALLAHASSEE FINGUE



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

CANTILL OF ST. Jer's Big Chill CCC Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File____ Fictitious Name File_____ Trade/Service Mark____ Merger File____ Art. of Amend. File_____ RA Resignation_____ Dissolution / Withdrawal_____ Annual Report / Reinstatement____ Cert. Copy__ Photo Copy_____ Certificate of Good Standing Certificate of Status Certificate of Fictitious Name_____ Corp Record Search____ Officer Search_____ Fictitious Search_____ Fictitious Owner Search_____ Signature Vehicle Search____ Driving Record_____ Requested by: UCC 1 or 3 File_____ UCC 11 Search Name Date Time UCC 11 Retrieval_

Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Y	OF OCT STATES OF STATES	3 O
	D.	

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unkl Jer's Big Chill, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5700 West Okeechobee Boulevard	5700 West Okeechobee Boulevard
Suite 1014	Suite 1014
West Palm Beach, Florida 33417	West Palm Beach, Florida 33417

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

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

Jerry Cignarale	
Na	ime
5700 Okeechobee Bouleva	ard, Suite 1014
Florida street address	(P.O. Box <u>NOT</u> acceptable)
West Palm Beach,	FLORIDA 33417
City, Sta	ite, 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

Page 1 of 2 (CONTINUED)

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

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

Name and Address:			
Jerry Cignarale			
Betzaida Cignarale			
(Use attachment if necessary)			
NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:			
1 000			
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.)			
Jerry Cignarale 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)