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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
 Account Number : I20030000037
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ST. CLAIR
 TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Save Room for Dessert, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Handwritten signature/initials

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

ARTICLE I - Name

The name of the Limited Liability Company is: **Save Room for Dessert, LLC**

ARTICLE II - Address

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

Mailing and Street Address 112 Hamilton Terrace
West Palm Beach, FL 33414

ARTICLE III - Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent: Tova Beth Weiss
Street Address: 112 Hamilton Terrace
West Palm Beach, FL 33414

ARTICLE IV - Management

The Limited Liability Company is to be managed by a single member and is, therefore, a member-managed company.

Save Room for Dessert, LLC,
a Florida Limited Liability Company

Date: February 5, 2005

By: Tova Weiss
Tova Beth Weiss, Director

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STATE OF FLORIDA
TALLAHASSEE

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(In accordance with section 608.408(3), Florida Statutes,
the execution of this affidavit constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

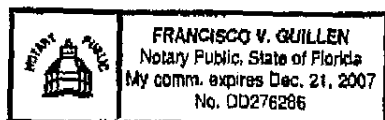
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STATE OF FLORIDA)
) SS:
 COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by Tova Beth Weiss. She is personally known to me ✓ or who has produced FE 32 as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 5th day of February, 2005.

[Signature]
 Notary Public



Francisco Guillen
 Typed, printed or stamped name of Notary Public

My Commission Expires:

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

By: Tova Weiss
 Tova Beth Weiss

REGISTERED AGENT

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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 TALLAHASSEE, FLORIDA

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