

03/24/2005 16:52 18502229423
Division of Corporations

CT CORPORATION SYSTEM

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Florida Department of State
Division of Corporations
Public Access System

2005 MAR 24 A 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

TS Holdings I, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TS Holdings I, LLC

ARTICLE II - Address:

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

Principal Office Address:

26571 Hickory Blvd.

Bonita Springs, FL 34134

Mailing Address:

26571 Hickory Blvd.

Bonita Springs, FL 34134

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

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

Kathy Schiffer

Name

26571 Hickory Blvd.

Florida street address (P.O. Box NOT acceptable)

Bonita Springs, FL 34134

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, F.S.

Kathy Schiffer

By:

Kathy Schiffer

Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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:MGRMTaste Buds II, LLC26571 Hickory Blvd.Bonita Springs, FL 34134

(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.)

Samuel Tancredi
Typed or printed name of signer**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)