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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

gourmet expressions catering, Ilc

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



ARTICLES OF ORGANIZATION FOR SECRETARY OF STATE FLORIDA LIMITED LIABILITY COMPANY OF TALLAHASSEE, FLORIDA

GOURMET EXPRESSIONS CATERING, LLC

ARTICLE I

The name of the Limited Liability Company shall: GOURMET EXPRESSIONS CATERING, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 101 NORTH OCEAN DRIVE, HOLLYWOOD, FL 33019

ARTICLE IV

The name and the Florida street address of the registered agent: MICHAEL RAPP, 101 NORTH OCEAN DRIVE, HOLLYWOOD, FL 33019

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TIN ITH ALMS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

FILED

GOURNET EYRRESSIDUS SECRETARY OF STATE TALLAHASSEE. FLORIDA

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Michael RAPP Brichael Rapp

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 penjury that the facts stated herein are true.)

Toward AN L RAPP

Typed or printed name of signee