RMC

VE

## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001981823)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (212)431-5000

Fax Number : (212)431-1441

LIMITED LIABILITY COMPANY

CHERRY PIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

HINCKTONIC WING MARKE

COMPANDED PHOG

Rublic Access Majo.

UIVISION OF CORPORATION

M. Thomas AUG 1 9 2005

HO50001981823

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CHERRY PIE 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: 11536 WIGHTMAN LN SW SAME AS PRINCIPAL OFFICE ADDRESS CAPITVA, FL 33924 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are: ELI SALEEBY Name 11536 WIGHTMAN LN SW Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature

Blu	mbergExcelel	Ö۲

(CONTINUED)

Page 1 of 2

H050001981823

CAPITVA

H050001981823

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing M	Name and Address:	
MGRM	CHERRY PIE FAMILY LIMITED PARTNERSHIP	
ACRESIVI	1223 HILLSBORO MILE #8	•
	HILLSBORO BEACH, FL 33062	
		•
		.*
		, <del>-</del>
		<del>-</del>
		,
		Ze ?
(F. T		
(Use attachment if necess	ary)	255 255 245 245 245 245 245 245 245 245
NOTE: An additional a	rticle must be added if an effective date is requested.	H DF B
REQUIRED SIGNATU	RE:	1 9: 1 024
	D- 502	## 55 55
Signatu	e of a member or an authorized representative of a member.	
of this d	rdance with section 608.408(3), Fiorida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury e facts stated herein are true.)	
CHER	RY PIE FAMILY LIMITED PARTNERSHIP	
	LEEBY, GP	
eli sa	- <b></b> · · · - ·	

Page 2 of 2