

Florida Department of State

Division of Corporations Public Access System SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

(((H06000043509 3)))

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)205-0363

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000

Fax Number : (813)229-4133

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 16 FEB 16 PM 4: 16 VISION OF CURPORATION

THE CAKEMAKERS, LLC

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



Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2006 FEB 16 A 9:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT NO. 1106000043509 3

ARTICLES OF ORGANIZATION OF THE CAKEMAKERS, LLC

The undersigned hereby forms and organizes a limited liability company pursuant to Section 608.407 of the Florida Limited Liability Company Act (the "Act") and adopts the following Articles of Organization of THE CAKEMAKERS, LLC (the "Company"):

ARTICLE ONE

NAME

The name of the limited liability company is: THE CAKEMAKERS, LLC

ARTICLE TWO

ADDRESS

The street address and the mailing address of the Company is: 1050 N.E. 96 Street, Miami Shores, FL 33138.

ARTICLE THREE

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company is: CFRA, LLC, Corporate Center Three at International Plaza, 4221 W. Boy Scout Boulevard, 10th Floor, Tampa, Florida 33607-5736.

ARTICLE FOUR MANAGEMENT

The Company will be a manager-managed company. FAX AUDIT NO. H06000043509 3 MIA#2434760.1

FILED

2006 FEB 16 A 9:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAX AUDIT NO. H06000043509 3

ARTICLE FIVE

INDEMNIFICATION

To the fullest extent permitted by law, the Company shall indemnify any person who was or is a party to any proceeding by reason of the fact that helshe is or was a manager or a managing member of the Company or is or was serving at the request of the Company as a manager, managing member, officer, employee or agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including the appeal thereof, if he/she acted in good faith and in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Company and, with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. The Company shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him/her in connection with any such liability in the manner provided for by law or in accordance with the regulations of the Company.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he/she may be lawfully entitled, nor shall anything therein contain or restrict the right of the Company to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, these Articles of Organization have been executed by an authorized representative of a member of the Company as of the 16th day of February. 2006.

Ana C. Harris, Authorized

Representative

P. 004/004

FEB-16-2006 (THU) 15:28 CARLTON FIELDS

FILED

FAX AUDIT NO. R06000043509 3

2005 FEB 16 A 9:53

SECRETARY OF STATE ACCEPTANCE OF APPOINTMENT AS REGISTEREDALENASSEE, FLORIDA

Having been designated as registered agent for THE CAKEMAKERS, LLC, a Florida limited liability company, in the foregoing Articles of organization, I, ANA C, HARRIS, on behalf of CFRA, LLC, a Florida limited liability company, hereby agree to accept service of process for THE CAKEMAKERS, LLC, and to comply with all statutes relative to the complete and proper performance of the duties of a registered agent. I am familiar with and accept the obligations of said position.

CFRA, LLC:

ANA C. HARRIS
Authorized Representative