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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Puddie-Pie LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # H060000495313

**ARTICLES OF ORGANIZATION
OF
Puddie-Pie LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Puddie-Pie LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6479 Stonehurst Circle, Lake Worth, Florida 33467.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jill Wlos, 2875 NW 69th Terrace, Margate, Florida 33063. Located in the County of Broward.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Laureen Wissel, 6479 Stonehurst Circle, Lake Worth, Florida 33467
Jill Wlos, 2875 NW 69th Terrace, Margate, Florida 33063

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Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # H060000495313

FAX AUDIT #

H060000495315CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Puddie-Pie LLC**

The name and address of the registered agent and office is Jill Wlos, 2875 NW 69th
Terrace, Margate, Florida 33063. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Jill Wlos
Jill Wlos

Date: _____

2/13/06

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