LIVISION OF CORPORATIONS OF CORPORATIONS

Page 1 of 1

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.

(((H06000140912 3)))

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

Tot

Division of Corporations

Fax Number

: (850)205-0383

From:

Account-Name : HUBCO

Account Number : 104682003400

Phone : (516)935-3940

Fax Number : (516) 935-3088

FILEU

OG NAY 23 AM 9: 49

SECRE JAN 9: 53

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

OF MAY 23 AM 10: 00

IVISION OF CORPORATIO

One Hot Cookie II, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130,00

Electronic Filing Menu

Corporate Filing Menu

Heip

5/23/2006

H06000140912

ARTICLES OF ORGANIZATION FOR

Mailing Address:

1057 Beach Avenue

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: One Hot Cookie II, LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1057 Beach Avenue

Atlantic Beach, FL 3223	Atlantic Beach, FL 32233			<u>.</u>
	red Agent, Registered Office & Registered Agent's Signatuldress of the registered agent are: Vicki Loff	SECRE	06 MAY	-1 1
	Name	ASS.	23	
	1057 Beach Avenue		3	03
	(P.O. Box or Mail Drop Box NOT Acceptable)	1014 115	ي	
	Atlantic Beach, FL 32233	哥哥	5	

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 / Zip)

Registered Agent's Signature - Vicki Loff

H06000140912

The ?afte and address of each Man	r Managing Member(s): ager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Vicki Loff-1057 Beach Avenue, Atlantic Beach, FL 32233		
MGRM	Howard Loff-1057 Beach Avenue, Atlantic Beach, F	L 32233	
(Use attachment if necessary)			
REQUIRED SIGNATURE:	UMA)	_	
(In accorda	of a member or authorized representative of a member. acc with section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury the acc true.)		
	Vicki Loff	OG MAN SECRE TALLA	
	Typed or printed name of signee	MAY 23 AM 9: 49 CRETAIN OF STATE LLAHASSEE, FLORIDA	