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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE OIVISION OF CORPORATIONS

1. BRYAN JUN 1 6 2006

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Uncle	Carlos Gelato, LL	C d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:	•	
Stacey S	acco			
	(Name of Person)		V
Uncle Ca	rlos Gelato, LLC			
	(Firm/Company)		- 08 - 08 - 08 - 08 - 08 - 08 - 08 - 08
39905 S	helly Court			具點
		(Address)		DINISION OF CORPORATION OF JUNISION OF SUPPLICATION OF SUPPLIC
Clinton 7	Γownship, MI 4	8038		PH RPOP
	(City	/State and Zip Code)		<u></u> بن الله
For further information	concerning this matter, please	call:		<u> </u>
Stacey Sacco		at (810) 523-85	06	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Status Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Uncle Carlos Gelato, LLC (Must end with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C	 ")
,	:	J., ,
ARTICLE II - Address:		_
The mailing address and street address	of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
39905 Shelly Court	39905 Shelly Court	
Clinton Township, MI 48038	Clinton Township, MI 48038	
(The Limited Liability Company cannot serve as its	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or a	another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a s of the registered agent are:	another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a s of the registered agent are:	another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address E. Clayton Yates,	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a s of the registered agent are:	another 06 JUN 14 F
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address E. Clayton Yates, 311 South Second	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or a stoff the registered agent are: Esquire Name	another 06 JUN 14 F
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address E. Clayton Yates, 311 South Secon	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or a softhe registered agent are: Esquire Name Name	

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 proprided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRES)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Stacey Sacco 39905 Shelly Court Clinton Township, MI 48038
Manager	Christina D'Alessandro 39905 Shelly Court Clinton Township, MI 48038
	Clinton Township, MI 48038
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
(er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee