

Division of Corporations
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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**TORIDA/FOREIGN LIMITED LIABILITY CO.** 

isabella's fruit salads, coffee & ice cream shop llc

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## FOR FLORIDA LIMITED LIABILITY COMPANY OF -7 A 9: 53

ARTICLE I - Name of Limited Liability Company:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ISABELLA'S FRUIT SALADS, COFFEE & ICE CREAM SHOP LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**3615 SOUTH FLORIDA AVE** 

LAKELAND, FL 33803

ARTICLE III – Registered Agents Name, Office Address, & Registered Agents Signature:

MARIA ISABEL ROBLES:

820 LAMP POST LANE

LAKELAND, FL 33809

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...

detered Agen Signature Date 08/04/2006

Article IV - Management (Check box if applicable.)
The Limited Lightlity Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

MARIA ISABEL ROBLES, 820 LAMP POST LANE, LAKELAND, FL 33809

Signature of a nember of an authorized representative of a member.

In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MARIA ISABEL ROBLES Typed or printed name of signee

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