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Florida Department of State
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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

cayard's wholesale bakery, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

③

ARTICLE I-Name:

The name of the Limited Liability Company is Cayard's Wholesale Bakery, LLC.

ARTICLE II-Address

The mailing address and street address of the principal office of the Limited Liability Company is:

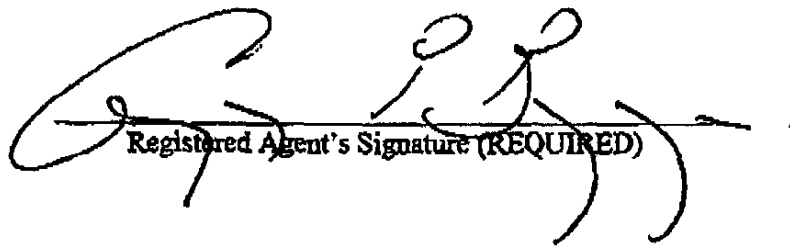
Cayard's Wholesale Bakery, LLC
c/o Lyonel Cayard
12203 Northeast 13th Court
North Miami, Florida 33161

ARTICLE III-Registered Agent, Registered Office & Registered Agent's Signature:
(the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

The Name and the Florida street address of the registered agent are:

Gregory P. Borgognoni, Esq.
BORGOGNONI & GUTIÉRREZ, LLP
Grand Bay Office Plaza, Suite 701
2665 South Bayshore Drive
Miami, Florida 33133

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 obligation of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

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

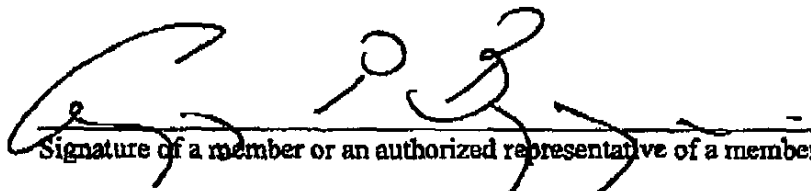
The name and address of each Manager or Managing Member is as follows:

Lyonel Cayard
President, Secretary &
Treasurer

12203 Northeast 13th Street
North Miami, Florida 33161

**ARTICLE V-Effective date, if other than the date of filing October 27th, 2006.
(If an effective dates is listed, the date must be specific and cannot be more that five
business days prior or 90 days after the date of filing)**

REQUIRED SIGNATURE:


Signature of a member or 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.)

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)**

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TALLAHASSEE, FLORIDA

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