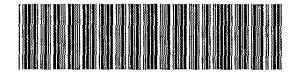
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| (Requestor's Name)                      |  |
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| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
|   |  |
| (Business Entity Name)                  |  |
| , ,                                     |  |
| (Document Number)                       |  |
| (Docament Number)                       |  |
|   |  |
| Certified Copies Certificates of Status |  |
|   |  |
| Special Instructions to Filing Officer: |  |
| , ,                                     |  |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Cereal Bowl Holdings, LLC  |  |
| (Name of Limited L  |  |
| The enclosed Articles of Organization and fee(s) are sub-   | mitted for filing.   |
| Please return all correspondence concerning this matter to  | o the following:   |
| Joshua Rader  |  |
|   | me of Person)  |
| Berenfeld, Spritzer, Shecher  | · & Sheer  |
| (Fir  | m/Company)   |
| 2525 Ponce de Leon Blvd   | - 5th Floor  |
|   | (Address)  |
| Coral Gables, FL 33146  |  |
|   | ate and Zip Code)  |
| For further information concerning this matter, please cal  | n. ·   |
| roi tuturei intormation concerning uns matter, prease car   | iā.  |
| Joshua Raderat  | 305 274-4600   |
| (Name of Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   | AHAS   |
| Certificate of Status   | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)           |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Cereal Bowl Holdings, LLC   |  |
|---|--|
| (Must end with the words "Limited Liability Company, "Limited   | Company" or their abbreviation "LLC," or "L.C,")   |
| ARTICLE II - Address: The mailing address and street address of the print   | ncipal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 13941 S.W. 112 Street   | 13941 S.W. 112 Street  |
| Miami, FL 33186   | Miami, FL 33186  |
|   |  |
| business entity with an active Florida registration.)  The name and the Florida street address of the re  Joshua Rader  Name                                | gistered agent are:  |
| 13941 S.W. 112 Street   |  |
| Florida street addr   | ess (P.O. Box NOT acceptable)  |
| Miami   | SEC 2007   |
| City, State, an   | d Zip ≦ →  |
| liability company at the place designated in the<br>registered agent and agree to act in this capacity.<br>statutes relating to the proper and complete per | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608 F.S |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| <u>Title:</u>               |   | Name and Address:   |                             |           |
|-----------------------------|---|---|-----------------------------|-----------|
| "MGR" = Manage              |   |   |                             |           |
| "MGRM" = Mana               | iging Member  |   |                             |           |
| MGRM                        |   | Kenneth Rader   |                             |           |
|                             | <del></del>   | 13941 S.W. 112 Street   |                             |           |
|                             |   | Miami, FL 33186   |                             |           |
| MGRM                        |   | Joshua Rader  |                             |           |
| WOTOTA                      | <u> </u>  | 13941 S.W. 112 Street   |                             |           |
|                             |   | Miami, FL 33186   |                             |           |
|                             |   | remains, i c oo roo   |                             |           |
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| (Use attachment is          | f necessary)  |   |                             |           |
| (                           | · ····  |   |                             |           |
| ARTICLE V: Effective d      |   |   | . (OPTION                   |           |
|                             |   | pecific and cannot be more than five l  | ousiness da                 | ys prior  |
| to or 90 days after the day | re of tiling.)  |   |                             |           |
|                             |   |   |                             |           |
| REQUIRED SIG                | NATURE:   | 2   |                             |           |
|                             |   |   |                             |           |
|                             |   |   | ¥., ,                       | <b>\</b>  |
|                             | Signature of a member o                                 | r an authorized representative of a member  |                             |           |
|                             | ALL STATES  |   | JAN II<br>RETARY<br>AHASSE  | -         |
|                             | (In accordance with section of this document constitute | n 608.408(3), Florida Statutes, the execution<br>es an affirmation under the penalties of perjur  | v SZ ≥                      | _ · · · · |
|                             | that the facts stated here                              |   | SE RY                       | -         |
|                             | Joshua Rader  |   | <u>.</u>                    | : 1       |
|                             |   | or printed name of signee   | AM III:<br>DF STAT<br>FLORI | O         |
| Eiling Fran                 |   |   | <b>5</b>                    |           |
| <u>Filing Fees:</u>         |   |   | O\$                         |           |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)