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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	A CONTRACTOR OF THE CONTRACTOR
PICK-UP WAIT MAIL	
(Business Entity Name)	EFFECTIVE DATE
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Fling Officer:	

Office Use Only



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ACCOUNT NO. : 072100000032 REFERENCE : 736675 AUTHORIZATION : COST LIMIT : ORDER DATE: January 30, 2007 ORDER TIME : 2:49 PM ORDER NO. : 736675-005 EFFECTIVE DATE CUSTOMER NO: 4352939 DOMESTIC FILING NAME: EXCLUSIVE INGREDIENTS LLC EFFECTIVE DATE: 1/30/2007 XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Heather Chapman - EXT. 2908

ARTICLES OF (ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - N			The same of the sa
The name of the	Limited Liability C	Company is:	- 1
		EFFECTIVE DATE 1/30/07	
Exclusive Ingredien	ats LLC		o C
(Must end with the wor	rds "Limited Liability Cor	mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	ين ا
ARTICLE II - A			,
the mailing addr	ess and street addre	ess of the principal office of the Limited Liability Company is	; :
Principal Office	Address:	Mailing Address:	
67 Wall Street		67 Wall Street	
22nd Floor		22nd Floor	
New York, NY 100	105	New York, NY 10005	्राच्याल
27077 2022, 172 200		110W 10M, W1 10005	,
The name and the	Elorida street addr Corporation Service	ress of the registered agent are: e Company Name	
		Name	,
	1201 Hays Street		
	Flor	rida street address (P.O. Box NOT acceptable)	2 M MA
	Tallahassee	FI 32301	
		City, State, and Zip	:
liability comp registered agent statutes relating	any at the place desi and agree to act in t g to the proper and c	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S The ather Chapman as its agent	
	Registered A	gent's Signature (REQUIRED)	-

(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:

"A/IL VK " = 3//	anager	Name and Address:	
	Managing Member		
MGR		David Cheng	. •
		67 Wall Street, 22nd Floor	
		New York, NY 10005	
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(Use attachm	nent if necessary)	i.	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)