

**L07000024781**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215) 563-8113

Fax Number : (215) 977-9386

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DIVISION OF CORPORATIONS**FLORIDA/FOREIGN LIMITED LIABILITY CO.****FROZEN DESSERTS EXPO, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

FROZEN DESSERTS EXPO, 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 principal office of the Limited Liability Company is:

**Principal Office Address:**7713 Villa D'Este Way  
Delray Beach, FL 33446**Mailing Address:**7713 Villa D'Este Way  
Delray Beach, FL 33446**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:

Howard Casper

Name

7713 Villa D'Este WayFlorida street address (P.O. Box NOT acceptable)Delray BeachFL 33446

City, State, and Zip

*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..*


  
Registered Agent's Signature (REQUIRED)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMHoward Casper7713 Villa D'Este WayDelray Beach, FL 33446MGRMRobert Casper1714 Spruce Street, Unit 1Philadelphia, PA 19103MGRMMichael Schnelder45 West 34th Street, Suite 600New York, NY 10001MGRMMatthew Stevens45 West 34th Street, Suite 600New York, NY 10001

(Use attachment if necessary)

See attached rider

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.)

Howard Casper

Typed or printed name of signer

**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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M. BURR KEIM COMPANY

005/005

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Rider to The Articles of Organization

of

FROZEN DESSERTS EXPO, LLC

MGRM

Biagio Settepani  
1650 Hylan Boulevard  
Staten Island, NY 10305

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