



**COZEN
O'CONNOR**
ATTORNEYS

A PROFESSIONAL CORPORATION

SUITE 400 200 FOUR FALLS CORPORATE CENTER P.O. BOX 800 WEST CONSHOHOCKEN, PA 19428-0800
610.941.5400 800.379.0695 610.941.0711 FAX www.cozen.com

November 5, 2007

VIA UPS

Linda M. Lee
Senior Paralegal
Direct Phone 610.941.2378
Direct Fax 866.235.4421
llee@cozen.com

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

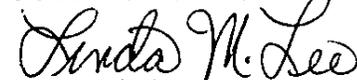
Re: Chocolate Bar Express, LLC

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of Articles of Organization with regard to the above-referenced entity. Kindly file these Articles of record and return the evidence of filing to me in the envelope provided. Also enclosed is a check in the amount of \$125.00 for the filing fee.

Sincerely,

COZEN O'CONNOR



By: Linda M. Lee
Senior Paralegal

/lml
Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV -6 AM 11:24

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chocolate Bar Express, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda M. Lee, Paralegal

(Name of Person)

Cozen O'Connor

(Firm/Company)

200 Four Falls Corporate Center, Suite 400

(Address)

West Conshohocken, PA 19428

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Lee at (**610**) **941-2378**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV -6 AM 11:24

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chocolate Bar Express, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2405 East Moody Boulevard
Unit 404
Bunnell, FL 32110

11 Bill Court
Palm Coast, FL 32137

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:

Jo Anne Gee

Name

11 Bill Court

Florida street address (P.O. Box **NOT** acceptable)

Palm Coast FL 32137

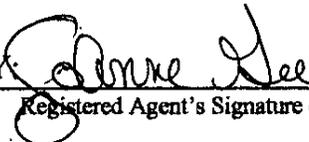
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV - 6 AM 11: 24

FILED

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..

BY: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Jo Anne Gee

11 Bill Court

Palm Coast, FL 32137

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV - 6 AM 11:24

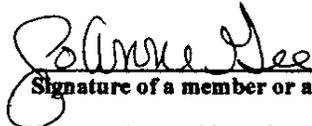
FILED

(Use attachment if necessary)

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.)

Jo Anne Gee, Sole Member

Typed or printed name of signee

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)