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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ouhlala Gourmet, LLC

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ouhlala Gourmet
(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:

Denise McSpadden
(Name of Person)
Smith, Gambrell & Russell, LLP
(Firm/Company)
1230 Peachtree Street, Suite 3100
(Address)
Atlanta, Georgia 30309
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise McSpadden at (404) 815-3602
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ouhiala Gourmet, 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:

7262 SW 52nd Court

Miami, Florida 33143

Mailing Address:

7262 SW 52nd Court

Miami, Florida 33143

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:

Jerome Lasur

Name

7262 SW 52nd Court

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

Miami

FL 33143

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.

NRAI Services, Inc.

By: J. Lasur

Registered Agent's Signature (REQUIRED)

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