

Division of Corporations

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**LI0000049463**Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
CHOCOVINE ONE, LLC

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T. CLINE

MAY 10 2010

EXAMINER

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**ARTICLES OF ORGANIZATION**  
**OF**  
**CHOCOVINE ONE, LLC**  
**(a Florida limited liability company)**

**ARTICLE I**  
**NAME**

The name of the limited liability company (the "Company") is: ChocoVine One, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Company are: 1000 South Cypress Road, Pompano Beach, FL 33060.

**ARTICLE III**  
**DURATION**

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV**  
**INITIAL REGISTERED OFFICE AND AGENT**

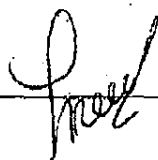
The name and street address of the Company's initial registered agent is: Cecil Giraud, 1000 South Cypress Road, Pompano Beach, FL 33060.

**ARTICLE V**  
**MANAGEMENT**

The Company is a member-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 7 day of May, 2010.

Cecil Giraud  
Member



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**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **ChocoVine One, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance  
this 7 day of May, 2010.

CECIL GIRAUD

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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