Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113

: (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

FLORIDA LIMITED LIABILITY CO. CHOCOLATES IN PARADISE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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EXAMINER

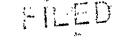
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M BURR KEIM CO

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SECRETARY CENTRAL ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIFF COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOCOLATES IN PARADISE, 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:

rincipal Office Address:	Mailing Address:
585 Sanctuary Drive	585 Sanctuary Drive
Longboat Key, FL 34228	Longboat Key, FL 34228

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 individuallor another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Morello	·
Na Na	me
585 Sanctuar	y Drive
Florida street	address (P.O. Box NOT acceptable)
Longboat Key	_{FL} 34228
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 is 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.

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael Morello
	585 Sanctuary Drive
	Longboat Key, FL 34228
MGRM	Valerie Morello
	585 Sanctuary Drive
	Longboat Key, FL 34228
	
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: OPTIONAL
LE V: Effective date, if other than	n the date of filing: (OPTIONAL st be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.)	
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LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REOUIRED SIGNATURE: (In accordance with section constitutes an affirmation of I am aware that any false in	ast be specific and cannot be more than five business days Colored Statutes Colored
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REOUIRED SIGNATURE: (In accordance with section constitutes an affirmation of I am aware that any false is	ast be specific and cannot be more than five business days whether or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1608.408(3) and the facts stated herein are true.
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REOUIRED SIGNATURE: (In accordance with section constitutes an affirmation of I am aware that any false in	ast be specific and cannot be more than five business days Colored Statutes Colored
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