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Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

****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.

Jenni's Cookies & Cupcakes LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is: Jenni's Cookies & Cupcakes LLC

ARTICLE II – Address:

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

Mailing Address: P.O. Box 2649
Okeechobee, FL 34973

Physical Address: 357 Cypress Drive, Suite 2
Toquesta, FL 33469

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, Inc.
300 Fifth Avenue South
Suite 101-330
Naples, FL 34102

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.

Agents and Corporations, Inc.


By: John L. Williams, Vice President

ARTICLE IV – Management (Check box if applicable.) []


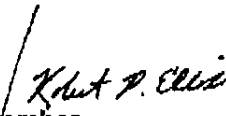
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V – Manager:

The Initial Manager(s) of the Limited Liability Company shall be:

Jennifer Ellis

Robert Ellis

 / 

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.)

Jennifer Ellis / Robert Ellis
Typed or printed name of signee