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FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

(850) 245-6051

To Whom It May Concern:

Following the Florida Department of State Division of Corporation's requirements, please find attached my name, address and daytime telephone number as well as the articles of organization and corresponding check.

NAME: Annie Benrroch

ADDRESS: 2111 NE 211 TER - North Miami Beach FL 33179.

DAY TIME TELEPHONE: +1 786 246 6617

Yours truly,

Annie R. Benarroch

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Ktering dessert	:S
	ne of Limited Liability Company
The analysis of Assistan and	for (a) and submitted for filter
The enclosed Articles of Organization and	•
Please return all correspondence concernir	g this matter to the following:
Annie Benarroch	
	Name of Person
	Firm/Company
2111 NE 211 Terr	
	Address
North Miami Beach 3	
annia@k tarinadaaaar	City/State and Zip Code
annie@k-teringdesser E-mail address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Annie Benarroch	_{at (} 786) 246 6671
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	
Mailing Addres Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	Registration Section porations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

Ktering desserts

(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:

2111 Ne 211 Terr N.Miami 33179

2111 Ne 211 Terr N.Miami 33179

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 and the business entity with an active Florida registration.)

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

James Benarroch

Name

2111 Ne 211 Terr

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

N.Miami Beach

_{FL} 33179

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Annie Benarroch
•	
MGRM	Eva Rimsky
(Use attachment if necessary) CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must leave the date are detailed to the date are detailed to the date are detailed to the date.	the date of filing: (OPTIONAL) be specific and cannot be more than five business days p
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a member of a manual amaware that any false inforconstitutes a third degree feloric constitutes a third degree feloric date in the effective date in the effective date.	per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true remation submitted in a document to the Department of Statuter, as provided for in s.817.155, F.S.)
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