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

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.
Say It With Soups, LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

SAY IT WITH SOUPS, LLC

ARTICLE II ADDRESS

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

3652 S SEACREST BOULEVARD

BOYNTON BEACH, FLORIDA 33435

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

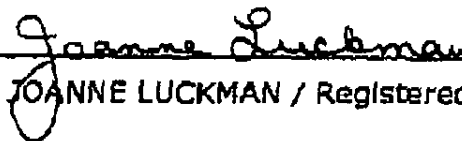
JOANNE LUCKMAN

821 SW 34TH AVE

BOYNTON BEACH, FLORIDA 33435

Having been named as registered agent 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..

X



JOANNE LUCKMAN / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

JOANNE LUCKMAN

3652 S SEACREST BOULEVARD

BOYNTON BEACH, FLORIDA 33435

MANAGING MEMBER:

ANNE HENDERSON

3652 S SEACREST BOULEVARD

BOYNTON BEACH, FLORIDA 33435

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X Joanne Luckman

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.

JOANNE LUCKMAN

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