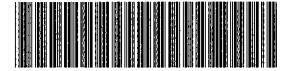
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TO:

Registration Section Division of Corporations

SUBJECT: Acosta Warner Yogur	t, L.L.C.
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
NICOLE ACOSTA WAR	
	Name of Person
	Firm/Company
1592 MAGNOLIA WAY	
	Address
COLUMBUS, GA 31904	
	ity/State and Zip Code
BEIGNETS@HOTMAIL.COM  E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	se call:
NIKKI WARNER	at (504 ) 782-3552
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Acosta Warner Yogurt, L.L.C.				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Co	ompa	ny is:
Principal Office Address:	Mailing Address:		•	
10530 Lillian Hwy. Pensacola, Florida 32506	1592 Magnolia Way Columbus, GA 31904			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re Nicole Acosta Warner	ered Agent. You must designate an individu			
Name	<del></del>			
10530 Lillian Hwy	•			
<del></del>	ress (P.O. Box NOT acceptable)			
Pensacola	<sub>FL</sub> 32506			
City, Stat	te, and Zip			
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the . I further agree to comply with t formance of my duties, and I am	appoint he provi familiar	ment isions with	as of all and
Registered Agent's Signatu		SECRETARY TALLAHASSE	12 FEB 29	
(CONTINU	JED)	an C	7	

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

MGRM	Robert Warner
	10530 Lillian Hwy.
	Pensacola, FL 32506
	**************************************
(Use attachment if necessary)	
	the date of filing: (OPTIONA)
	st be specific and cannot be more than five business days
days after the date of filing.)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nicole Acosta Warner
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)