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(Req	uestor's Name)	
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ION SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE: 112258 7975948	
AUTHORIZATION :	
COST LIMIT : \$ 125.00	150 PM
ORDER DATE : April 29, 2014	2014 APR 29
ORDER TIME : 3:42 PM	972 T
ORDER NO. : 112258-005	က်တ လောင်း မှာ
CUSTOMER NO: 7975948	5
	<i>.</i>
DOMESTIC FILING	
NAME: PANDA SODA MANAGEMENT, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	11111111111111111111111111111111111111
SUBJECT: Panda Soda Management, LLC	調えて
Name of Limited Liability Company	TILED
The enclosed Articles of Organization and fee(s) are submitted for filing.	三、 10
Please return all correspondence concerning this matter to the following:	語 5
Robert W. Forman	75.5
Name of Person	
Forman & Shapiro LLP	
Firm/Company	
1345 Avenue of the Americas, 11th Floor	
Address	
New York, NY 10105	
City/State and Zip Code	
forman@formanshapiro.com E-mail address: (to be used for future annual report notification)	-,
For further information concerning this matter, please call:	
Robert W. Forman 212 515-8040	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\int \text{\$130,00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & 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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Panda Soda Management, LLC	
(Must end with the words "Lim	died 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:
401 So. County Road	401 So. County Road
Suite 3287	Suite 3287
Palm Beach, FL 33480	Palm Beach, FL 33480
ARTICLE III - Registered Agent, Recard the Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individual or another of the registered agent are;
Amanda Strong Boa	lt
401 So. County Road	1, Suite 3287

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

Palm Beach FL 33480 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..

zit's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

MGRM	Alexander P. Coleman
	401 So. County Road, Suite 3287
	Palm Beach, FL 33480
•	
•	
Use attachment if necessary)	

REQUIRED SIGNATURE:

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 berein are true. I am sware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.855, F.S.)

> Amanda Strong Boalt Typed or printed name of signee

Filing Poes:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)