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COVER LETTER

Division of Corporations		
SUBJECT: Debilicions Dish	es LLC	
Name of Limited Lia	ability Company	
The enclosed Articles of Organization and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Debra Hernando	of Person	
Debilicious Dishes	Company	
1303 SE 31 T.	evrace ddress	
Cape Coral El City/State info@crisp.SeatHe E-mail address: (to be used for future)	33904 and Zip Code L. Com re annual report notification)	
For further information concerning this matter, please call:		
Dobi Hernander at (425 Name of Person Area Code	Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status Cer	\$160.00 Filing Fee, tified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Debilicious Dishes LLC (Must contain 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:	
1303 SE 31 Terrace same	_
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 of another business entity with an active Florida registration.)	19 FEB
The name and the Florida street address of the registered agent are: Debru Hernandez Name 1303 SE 315 Terrace	- I
Florida street address (P.O. Box NOT acceptable) Cano Coral Fl 33904	9: 36 STATE

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 605, F.S..

State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager The ham and Address: "AMBR" = Authorized Member "MGR" = Manager The ham and Address: "AMBR" = Authorized Member "MGR" = Manager To brue Hernander (1303 SE 31 F Terrace Cape Corral, Fl 33904 Tack Hernander (1303 SE 31 F Terrace Cape Corral, Fl 33904 To che Grander (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ARTICLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)