Filing Fee: \$150.00

1D Number: 15004



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

nt:	nd for that purpose submits the following statem
	name of the limited liability company is:
	n-Robbins Franchising LLC
ster and transact business in F	name, if different, under which it proposes to re
ws of Delaware	limited liability company is organized under the
	date of its organization is 03/15/2006
s (if perpetual, so state) Perpe	period of duration of the limited liability company
	address of the limited liability company's residen
Providence	Weybosset Street
(City/Town)	(Street Address, not P.O. Box)
C T CORPORATION SYSTEM	he name of the resident agent at such address
(Name o	
oreign limited liability compar cannot be found or served fol	secretary of state is appointed the agent of the theore is no resident agent or if the resident agent of the resident agent agent of the resident agent of the resident agent agent agent of the resident agent
in the state or other jurisdic	address of any office required to be maintained liability company is organized is:
	Orange Street, Wilmington, DE 19801
	nailing address for the limited liability company i
	yall Street, Canton, MA 02021
<u> </u>	
- Aa	
Perpe	gister and transact busines laws of Delaware y is (if perpetual, so state) Int agent in Rhode Island is: Providence (City/Town) (No e foreign limited liability count cannot be found or serve

Form No. 450 Revised: 12/05 MAY 17 2006 By ADGAIND

10.	Management of the Limite	ed Liability Company
	A. The limited liability compa	
		<u>or</u>
	3. The limited liability comp company has manager address of each manager	pany is to be managed X by one (1) or more managers. (If the limited liability is at the time of the filing of these Articles of Organization, state the name and er.)
,	<u>Manager</u> SEE ATTACHMENT	<u>Address</u>
_		
_		
-		
11. T a	his application is accompanion of the jurisdi	ed by a certificate of good standing duly authenticated by the secretary of state or other iction under which the foreign limited liability company was organized.
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.
Date	April 25, 2006	Baskin-Robbins Franchising LLC
		Print Exact Name of Limited Liability Company Making Application By
		Signature of authorized person

MANAGERS

Jon L. Luther 130 Royall Street Canton, MA 02021

Kate Lavelle 130 Royall Street Canton, MA 02021

Stephen Horn 130 Royall Street Canton, MA 02021

Orlando Figueroa 48 Wall Street, 27th floor New York, NY 10005_____

Benjamin B. Abedine 48 Wall Street, 27th floor New York, NY 10005



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BASKIN-ROBBINS FRANCHISING LLC" IS
DULY FORMED UNDER-THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"BASKIN-ROBBINS FRANCHISING LLC" WAS FORMED ON THE FIFTEENTH DAY

OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

arriet Smith Windsor, Secretary of State
AUTHENTICATION: 4724973

DATE: 05-05-06

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