

**LO2000019189**

William A. Wade  
Berry Gourmet LLC  
Requester's Name

1651 Sand Key Estates Ct # 62  
Address

Clearwater, FL 33767  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **100006727731--8**  
-07/29/02--01067--005  
 \*\*\*\*160.00 \*\*\*\*160.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN 29 PM 12:50

FILED

Name Availability	<input type="checkbox"/>
Document Examiner	DCC
Updater	<input type="checkbox"/> Annual Report <input type="checkbox"/> Fictitious Name
Updater Verifier	DCC
Document Agreement	DCC
Document Verifier	DCC
Document CR2E031(7/97)	DCC

Examiner's Initials

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is: BERRY GOURMET LLC

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
1651 SAND KEY ESTATES CT #62  
CLEARWATER, FLORIDA 33767

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WILLIAM A WADE  
Name  
1651 SAND KEY ESTATES CT #62  
Florida street address (P.O. Box NOT acceptable)  
CLEARWATER FLORIDA 33767  
City, State, and Zip

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*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.*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

WILLIAM A WADE  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

\$160 TOTAL