LU900002269

(Re	equestor's Name))
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Na	me)
(Di	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500139679195

01/08/09--01006--021 **155.00

OS JAN -8 PH 12: 24

OS JAN -8 PH 12: 24

ON SERVICE SERVICES

PILED

9 JAN -8 PH 1: 35

WEGGE LAND OF STATE

ALLAHASSEE FI ORIGINA

B. KOHR

JAN - 8 2009

EXAMINER

ATTORNEYS' TI	ΓLE			
Requestor's Name				
1965 Capital Circle NE	. Suite A	Ck for	\$155 #215733	
Address	7	J	Q (00	
Tallahassee, FI 32308	850-222-2785			سيمند م
City/St/Zip	Phone #			10 m
12/30/2008				00
		<u> </u>	- 4	15 N
CORPORATION NAME	E(S) & DOCUMENT NU	MBER(S), (if kno	own): 🦩 🤆	
1- <u>N</u>	OBLE FOOD SERVICE LLC	·		
•				Color Co
2-				— 95% ~
3-				(Dr.
	~~····			
4-				
T		· •		
	— .			
XX Walk-in	Pick-up time	xxx Cer	tified Copy	
Mail-out	Will wait Photo	conv	tificate of Status	
		соруСе	inicate of Status	
NEW FILINGS	AMENDMENTS			
Profit	Amendment			
Non-Profit XX Limited Liability	Resignation of R.A., Of			
Domestication	Change of Registered And Dissolution/Withdrawal			
Other				
Other	Merger			
OTHER FILINGS	REGISTRATION/QUALIF	ICATION		
Annual Report	Foreign			
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement			
	Trademark			
	Other			
				

Examiner's Initials

cgc

ATTORNEYS' TI	ITLE	1		
Requestor's Name				Market C.
1965 Capital Circle NE, Suite A		Ck for	\$155 #215733	, and
Address	L, Suite A	OK 101	φ100 π210700	
		l l		00
Tallahassee, Fl 3230			•	We the To
City/St/Zip	Phone #			م م الم
12/30/2008				Sec. 2
CORPORATION NAM	IE(S) & DOCUMENT NU	MBER(S), (if kn	own):	
1	NOBLE FOOD SERVICE LLC	>		
2				<u> </u>
3-				.
4	· · · · · · · · · · · · · · · · · · ·			
XX Walk-in	Pick-up time	ххх Се	rtified Copy	
Mail-out	Will wait Photo	сору Се	rtificate of Status	
NEW FILINGS	AMENDMENTS			
Profit	Amendment			
Non-Profit	Resignation of R.A., O	fficer/Director		
XX Limited Liability	Change of Registered	Agent		
Domestication	Dissolution/Withdrawa			
Other	Merger			
OTHER FILINGS	REGISTRATION/QUALI	FICATION		
Annual Report	Foreign			
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement			
	Trademark			
	Other			

Examiner's Initials

cgc

PALLANDA PA 1:35

ARTICLES OF ORGANIZATION FOR NOBLE FOOD SERVICE, LLC, A Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I Name

The name of this Company shall be **NOBLE FOOD SERVICE, LLC**.

ARTICLE II <u>Duration</u>

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III Mailing Address

The mailing address is Post Office Box 900, Winter Haven, Florida 33882. The street address is 500 Avenue R, S.W., Winter Haven, Florida 33880.

ARTICLE IV Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: Quentin J. Roe, 500 Avenue R, S.W., Winter Haven, Florida 33882.

ARTICLE V Admission of Additional Members; Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Member(s) of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

ARTICLE VI Right to Continue Business

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

ARTICLE VII Management by Members

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Wm. G. Roe & Sons, Inc., 500 Avenue R, S.W., Winter Haven, Florida 33882.

ARTICLE VIII Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Member(s).

ARTICLE IX Informal Action of Members

Any action of the Member(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

ARTICLE X Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned member has hereunto set its hand this 7th day of January, 2009.

WM. G. ROE & SONS, INC.,

a Florida corporation

By: Quentin J. Roe,

Its President

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this _____day of January, 2009, by QUENTIN J. ROE, the President of WM. G. ROE & SONS, INC., a Florida corporation, on behalf of the corporation, who [v] is personally known to me or [] produced ______ as identification.

(SEAL)

Print Name of Notary My Commission Expi

oi res

JACKIE S. HOVERKAMP Commission DD 831383 Expires November 19, 2012 Borded Thru Tray Fain Insurance 800-385-7019

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for NOBLE FOOD SERVICE, LLC, a Florida limited liability company, 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 in Chapter 608, Florida Statutes.

QUENTIN J. ROE

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this 7th day of January, 2009, by QUENTIN J. ROE, who [v] is personally known to me or [] produced as identification.

(SEAL)

Print Name of Notary

My Commission Exp

JACKIE S. HOVERKAMP Commission DD 831383 Expires November 19, 2012 Bonded Thru Troy Fain Insurance 800-385-7019