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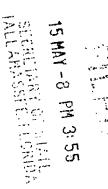
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J. SHAVORS MAY 1 A 2015

COVER LETTER

TO:	Registration S Division of Co				
SUBJE		K PRODUCTS, LLC			
3000		Name of L	mited Liabil	ity Company	
The end	closed Articles o	f Organization and fee(s) a	re submitted	for filing.	
Please r	return all corresp	ondence concerning this n	natter to the i	following:	
	LISA FIRL	.AN			
			Name of	Person	
	470 BULK	PRODUCTS, LLC			
			Firm/Co	mpany	
	140 PINE 7	TREE DRIVE			
			Addr	ess	
	LEESBUR	G, FL 34788			
	eis38@aol.c		City/State an	d Zip Code	
		E-mail address: (to be use	d for future a	innual report notificati	on)
For furth	er information c	oncerning this matter, plea	se call:		
	LISA FIRL		352	630-2953	
	Nar	me of Person	Area Code	Daytime Telephone	e Number
Enclose	ed is a check for	the following amount:			
\$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. 1	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
470 BULK PRODUCTS, LLC (Must end with the words "Limited Lia"	oility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Lin	nited Liability Company is:
Principal Office Address:		Mailing Address:
140 PINE TREE DR., LEESBURG, FL 34788	_	140 PINE TREE DR., LEESBURG, FL 347
another business entity with an active Florida registration.) The name and the Florida street address of the registered age LISA FIRLAN	nt are:	•
LISA FIRLAN Na	me	
140 PINE TREE DRIVE Florida street address (P.	O. Box <u>N</u> (OT acceptable)
LEESBURG, FL 34788		
City	State	Zip
faving been named as registered agent and to accept service o	process for	or the above stated limited liability company at t

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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SCERETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	LISA FIRLAN
	140 PINE TREE DRIVE
	LEESBURG, FL 34788
effective date is listed, the date must be sported of filing.) If the date inserted in this block does not not the date inserted in this block does not	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.) If the date inserted in this block does not not must be effective date on the Department	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date effective date is listed, the date must be specifiling.) If the date inserted in this block does not not be cument's effective date on the Department of the Depar	ember or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. ion formation submitted in a document to the Department of State in formation submitted in a s