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(Re	equestor's Name)
(A	ddress)
(Ac	ddress)
(C	ity/State/Zip/Phone #)
— .	
PÍCK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
	Thing Shoot.

Office Use Only

SEP 1 5 2015

T. SCOTT



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	River Bend Cattle Company LLC
SODUL	Name of Limited Liability Company
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please r	urn all correspondence concerning this matter to the following:
	Tiare Darder ,
	Name of Person
	River Bend Cattle Company
	Firm/Company
	8810 Twin Lakes Blvd
	Address
	Tampa, FL 33614
	City/State and Zip Code tdarder@frontburnerbrands.com
	E-mail address: (to be used for future annual report notification)
For furth	information concerning this matter, please call:
	Tiare Darder 813 425-6217
	Name of Person Area Code Daytime Telephone Number
Enclose	is a check for the following amount:
\$125.0	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$Certified Copy (additional copy is enclosed)}\$
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		ž	
The name of the Limited L	lability Company is:	•	
	, 	` •	
	ttle Company LLC t end with the words "Limited	1 iability Car	many at I C ? a at I C ?)
(Mus	t end with the words "Limited	Lisomity Cor	mpany, L.L.C., or LLC.
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Li	imited Liability Company is:
· Pr	incipal Office Address:		Mailing Address:
11003 Carrolly	vood Dr		P O Box 274006
Tampa, FL 336	518		Tampa, FL 33688
	<u>'</u>		·
	street address of the registered Gerard F. Wehle Jr.	agent are:	<u></u>
\$ * * * * * * * * * * * * * * * * * * *		Name	•
* .	6987 E. Fowler Ave		•
	Florida street address	s (P.O. Box N	OT acceptable)
	Temple Terrace	FL	33617
	City	State	- Zip
ace designated in this certi other agree to comply with	ficate, I hereby accept the apportude the provisions of all statutes returned the obligations of my position of the obligations of my position of the obligations of	ointment as re elating to the p as registered a	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)
	,	(CONTINU	JED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Magan C. Jahnston
MGR	Megan C. Johnston 11003 Carrollwood Dr
	Tampa, FL 33618
	Татра, Р.С. 33016
Treasurer	Robert P. Johnston
	11003 Carrollwood Dr
	Tampa, FL 33618
Secretary	Katina H. Johnston
	11003 Carrollwood Dr
	Tampa, FL 33618
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	ne date of filing: 08/25/2015 . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
TICLE V: Effective date, if other than than effective date is listed, the date must date of filing.)	be specific and cannot be more than five business days prior to or 90 days after some some some some some some some some
TICLE V: Effective date, if other than than effective date is listed, the date must date of filing.) te: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after some some some some some some some some
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TICLE V: Effective date, if other than then effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days after some most the applicable statutory filing requirements, this date will not be listed to the timent of State's records.
TICLE V: Effective date, if other than than effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that an	s not meet the applicable statutory filing requirements, this date will not be listed tment of State's records. If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State
TICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not be listed timent of State's records. If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
TICLE V: Effective date, if other than the interfective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that and signature of the content	s not meet the applicable statutory filing requirements, this date will not be listed timent of State's records. If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-

River Bend Cattle Corporation

Attention: Tiare Darder Phone: 813-425-6217

Address: 8810 Twin Lakes Blvd

Tampa, FL 33614

Email: tdarder@frontburnerbrands.com