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(Requestor's Name)

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(City/State/Zip/Phone #)

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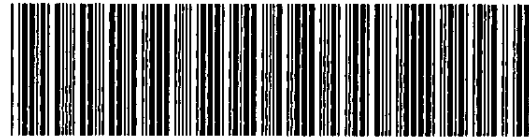
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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EXAMINER

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher
Gregory T. Martini
Charles S. Sacher

Melissa R. Smith
Natalie Escudero

July 24, 2012

Via Certified Mail, Return Receipt Requested
Article # 7008 0500 0001 6018 8934

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Smart Bites Enterprises, LLC
Our File No. 5648

Dear Sir/Madam:

On behalf of the above-referenced limited liability company, I enclose herewith an original and one (1) copy of the fully executed and notarized Articles of Organization, together with our firm check in the amount of \$155.00.

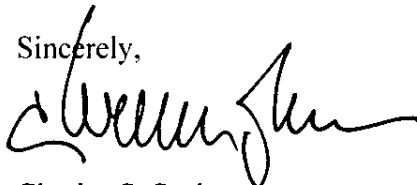
Please have this original copy of the Articles of Organization filed among the corporate records of the State of Florida **effective July 24, 2012**, so long as the Articles of Organization are filed within five (5) business days of this date. Please return a certified copy to the undersigned.

The check enclosed herein is in payment of the following fees or charges:

Filing Fee	\$100.00
Certified Copy Fee	30.00
Registered Agent Fee	<u>25.00</u>
TOTAL	\$155.00

Thank you for your attention to this matter.

Sincerely,



Charles S. Sacher

CSS:mrs
Enclosures

cc: Ms. Mari Vila (via email only at marivila01@gmail.com)
Mr. William Ltaif (via email only at will@smartbitestogo.com)

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ARTICLES OF ORGANIZATION OF
SMART BITES ENTERPRISES, LLC

The undersigned, desiring to form a Limited Liability Company under and pursuant to §608.405, Florida Statutes, does hereby certify as follows:

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FIRST: The name of said limited liability company shall be SMART BITES ENTERPRISES, LLC.

SECOND: SMART BITES ENTERPRISES, LLC shall exist in perpetuity.

THIRD: Copies of the Operating Agreement of SMART BITES ENTERPRISES, LLC may be obtained from the Manager at 260 Crandon Boulevard, Suite 32197, Key Biscayne, Florida 33149 which is the place in the State of Florida where the principal office of the limited liability company is located. The mailing address of SMART BITES ENTERPRISES, LLC shall be 260 Crandon Boulevard, Suite 32197, Key Biscayne, Florida 33149.

FOURTH: The purposes for which SMART BITES ENTERPRISES, LLC is formed are:

- A. Engaging in any and all phases of the business of developing, offering for sale and selling, preparing and delivering a variety of meal programs which meet specific dietary and nutritional requirements; and
- B. Engaging in such other lawful acts or activities for which limited liability companies may be formed under §608.403, Florida Statutes.

FIFTH: The maximum number of ownership units which SMART BITES ENTERPRISES, LLC is authorized to have outstanding is one thousand (1000), all of which shall be identical units, and each of which shall represent the ownership of that percentage of the total units outstanding at any time as is the equivalent of the ratio in which one (1) is the numerator and the total units outstanding is the denominator.

SIXTH: SMART BITES ENTERPRISES, LLC desiring to organize under the laws of the State of Florida as a limited liability company has designated its initial registered office at 2655 LeJeune Road, Suite 1101, Miami-Dade County, Coral Gables, Florida, 33134 and has named CHARLES S. SACHER as its initial Registered Agent who is located at such address.

SEVENTH: The name and street address of the subscriber to these Articles of Organization

of SMART BITES ENTERPRISES, LLC is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Charles S. Sacher	2655 LeJeune Rd., Suite 1101 Coral Gables, FL 33134

EIGHTH: The business of this limited liability company shall be conducted by Managers who shall be elected by the Members, who shall be elected in accordance with the Operating Agreement.

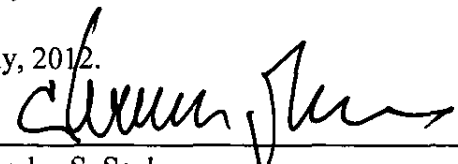
The name and street address of the initial Manager, who shall hold office for the first year of its existence or until their successors are elected and qualified are as follows:

<u>NAME</u>	<u>ADDRESS</u>
William Fabian Ltaif	1240 14 th Street Miami Beach, Florida 33139
Maria del Carmen Vila	765 Crandon Boulevard, Suite Key Biscayne, Florida 33149
Guillermo Salvador Ltaif	17802 NW 79 Court Miami, Florida 33015

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In accordance with the provisions of §608.409, Florida Statutes, the effective date of existence is specified to be **July 24, 2012**, so long as these Articles of Organization are filed with the Secretary of State within five (5) business days of this date.

WITNESS my hand and seal this 24 day of July, 2012.



Charles S. Sacher (SEAL)

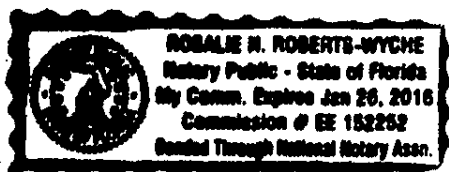
STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

BEFORE ME, the undersigned authority, personally appeared Charles S. Sacher, to me well known to be the person described in and who executed and subscribed to the foregoing Articles of Organization, and he acknowledged before me that he executed and subscribed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Coral Gables, in said County and State, this 24 day of July, 2012.

Rosalie N. Roberts-Wyche
Notary Public, State of Florida at Large

My commission expires:

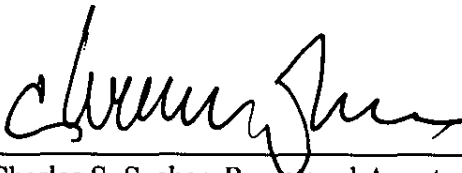


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ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named to accept Service of Process for SMART BITES ENTERPRISES, LLC, at the place designated in Section SIXTH of the Articles of Organization, to which this Acknowledgment is attached, I hereby acknowledge that I am familiar with and accept the obligations of that position.


_____(SEAL)
Charles S. Sacher, Registered Agent

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