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DIANNE RICCARDO
3322 Carlotta Road
Middleburg, FL 32068
(904)282-0577

April 13, 20000

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****135.00 ****135.00

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327, 409 E. Gaines St.
Tallahassee, Fl 32314

RE: REGISTRATION OF LLC - NEW
DELOMICA'S, LLC
DIANNE RICCARDO, SOLE PROP.

Gentlemen:

Enclosed herewith please find completed and signed application for LLC under the name of: Delomica's, LLC (new application).

Also; enclosed please find check in the amount of $135.00 as follows:

a) $100 - Filing fee for Articles of Organization;
b) $ 30 - Certified Copy
c) $ 5 - Certificate of Status

FILED
00 MAR 18 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If there are any questions, please do not hesitate to contact me at the above telephone number.

Thanking you in advance for your cooperation.

~~Sincerely~~,

Dianne Riccardo

mtk
4/20

P.S: PLEASE MAIL CERTIFICATES TO THE ADDRESS INDICATED ON THIS LETTER, AS THE PREMISES I WILL BE LEASING ON ATLANTIC BLVD. IS NOT FULLY COMPLETED

ONCE AGAIN, THANK YOU.

FF $125
cc 30
Cers 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DELOMICA'S, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

12222-102 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32246

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

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

Dianne Riccardo
Name

3322 Carlotta Road
Florida street address (P.O. Box **NOT** acceptable)

Middleburg FL 32068
City, State, and Zip

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

FILED
00 MAR 18 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV - Management (Check box if applicable.)
[X] 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.)

DIANNE RICCARDO
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)