



L 0000000 11438

ACCOUNT NO. : 072100000032

REFERENCE : 833396 7225142

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 125.00

ORDER DATE : September 18, 2000

ORDER TIME : 3:59 PM

ORDER NO. : 833396-005

CUSTOMER NO: 7225142

200003400032-1

CUSTOMER: Ms. Julie A. Jeffrey-peacock
Ms. Julie A. Jeffrey-peacock

6900--29 Daniels Pkwy #194

Fort Myers, FL 33912

DOMESTIC FILING

NAME: SLOTTED SPOON
PRODUCTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

00 SEP 20 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
00 SEP 20 PM 4:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SLOTTED SPOON PRODUCTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

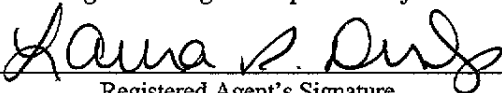
14151 GEORGIAN CIRCLE #112, FORT MYERS, FLORIDA 33912

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

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

Corporation Service Company		
Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL	32301
City, State, and Zip		

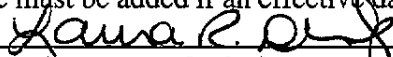
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

☐ 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.)

LAURA R. DUNLAP
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)

APPROVED
AND
FILED
00 SEP 20 PM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SLOTTED SPOON PRODUCTIONS, LLC
14151 GEORGIAN CIRCLE #112
FORT MYERS, FLORIDA 33912**

MEMBERS LIST

**JULIE JEFFREY-PEACOCK
6900--29 DANIELS PARKWAY
FORT MYERS, FLORIDA 33912**

**CARMEN GARCIA
6900\29 DANIELS PARKWAY
FORT MYERS, FLORIDA 33912**

00 SEP 20 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SLOTTED SPOON PRODUCTIONS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 20 day of Sept, 2000

Julie A. Pedcock

Signature

Julie A. Pedcock

Print Name of Signer

WITNESS:

Patrick J. Meaney

Signature

Patrick J. Meaney

Print Name of Witness

WITNESS:

Lisa Bergstrom

Signature

Lisa Bergstrom

Print Name of Witness

00 SEP 20 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED