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Florida Department of State

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

H Z: 43 REDRATION

ON OF COREGO

LIMITED LIABILITY COMPANY

JAX SALADS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125,00



(((H03000033454 7))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT ARTICLE I - Name: The name of the Limited Liability Company is: JAX SALADS LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 10300 Southside Boulevard, Avenues Mall, Space 305, Jacksonville, FL 32241 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatul The name and the Florida street address of the registered agent are: Paul DiFillippo Name 10300 Southside Bivd., Avenues Mall, Space 305 Florida street address (P.O. Box NOT acceptable) Jacksonville, 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. (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.) Paul DiFillippo Typed or printed name of signee Filing Fees: 3100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 3 5.00 Certificate of Status (Optional)

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