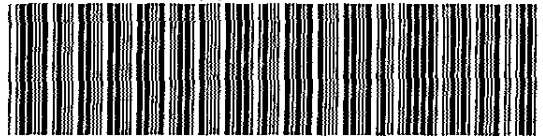


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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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12/15/03--01050--009 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED

03 DEC 15 PM 2: 09

**SUBJECT:** Bonnie May's Kettle Korn, LLC  
(Name of Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Simpson  
(Name of Person)

Bonnie May's Kettle Korn  
(Firm/Company)

144 Lakeview Dr.  
(Address)

Leesburg, Fl. 34788  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Simpson at ( 352 ) 357 9838  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
03 DEC 15 PM 2: 09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bonnie May's Kettle Korn, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

144 Lakeview Dr.  
Leesburg, Fl.  
34788

**Mailing Address:**

144 Lakeview Dr.  
Leesburg, Fl.  
34788

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

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

Bonnie Simpson  
Name

144 Lakeview Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Leesburg FLORIDA 34788  
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, Florida Statutes..*

Bonnie Simpson  
Registered Agent's Signature

FILED

03 DEC 15 PH 2: 09

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Bonnie Simpson  
149 Lakewood Dr  
Leesburg, FL 34788

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Bonnie Simpson  
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.)

Bonnie Simpson  
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)