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## TRANSMITTAL LETTER

SUBJECT: B & B Snack Compa	any, LLC	
	(Name of Limited Liability Company)	
The analogad Actualism of Optionization	on and fee(s) are submitted for filing.	TO THE T
The enclosed Afficies of Organization	on and ree(s) are submitted for mang.	
Please retur	rn all correspondence concerning this matter to the following:	8500 F
	Jennifer R. Wilcut, President	C. FLORE
	(Name of Person)	92
		52
	B & B Snack Company, LLC	_ ,
	(Firm/Company)	
	PO Box 66175	
	(Address)	
	Orange Park, FL 32065	
	(City/State and Zip Code)	
For further information concerning	this matter, please call:	
Jennifer R. Wilcut	at (904) 291-4122	
(Name of Person)	(Area Code & Daytime Telephone Number)	<del>-</del>

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

Registration Section

Division of Corporations

TO:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Emmed Elability Company is.	•
B & B Snack Company, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
B & B Snack Company, LLC	B & B Snack Company, LLC
1908 Hunters Trace Circle	PO Box 66175
Middleburg, FL 32068	Orange Park, FL 32065
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Jennifer R. Wilcut, President	
Name	
1908 Hunters Trace Circle	

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..

Middleburg

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

32068

FLORIDA

Page 1 of 2

(CONTINUED)

The name and address of each Manager of	r Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Rick Wilcut 1908 Hunters Trace Circle Middleburg, FL 32068
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section 608.	uthorized representative of a member.  408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Rick Wilcut

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee