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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
} (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SEUNE IAKY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

FLED

04 FEB -3 PM 2:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

Registration Section

TO:

(Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Leianne Messina-Brown

(Name of Person)

Governet Tote

(Firm/Company)

6943 Westchester Cycle

(Address)

Badenton, Fr 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Leianne Messina – Brown_{at} (941 907–3003)
(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



O4 FEB -3 PH 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2004

LEIANNE MESSINA-BROWN 6943 WESTCHESTER CIR. BRADENTON, FL 34202

SUBJECT: GOURMET TOTE, LLC Ref. Number: W0400003004

We have received your document for GOURMET TOTE, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 604A00004259

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR

04 FEB -3 PM 2:58

FLORIDA LIMITED LIABILITY COMPANY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:
Govrmet Tote, LLC
70.07
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6943 Westchester Circle Same
6993 Westerester Circle Sarve
Badenton, FU
211200
39202
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
l_{α} l_{α} l_{α}
Lelanne Messina-Brown
Name
Leianne Messina-Brown 6943 Westchester Croke
Florida street address (P.O. Box NOT acceptable)
P-1 who
Bradenton FLORIDA 34202
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 Gnapter 608, Florida Statutes
(Emal ps/)
Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managin	ng Member(s):	04 FEB -3 PM 2:58	
The name and address of each Manager of	or Managing Member is	as follows:	
	NT	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Title:	Name and Address:	19 3 has been 1 53 s 1 5 has the term and the term of 1 1 has the	
"MGR" = Manager			
"MGRM" = Managing Member			
•			
	 		
			
(Use attachment if necessary)			
(Ose attachment it necessary)			
NOTE: An additional article must be	added ig an effective d	ato is roquested	
1 to 121 111 and Allonar ar there printed be	added if all checkive a	ate 15 requested.	
REQUIRED SIGNATURE:	1		
/ EDMY	(ex)		
Signature of a member or an au	thorized 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	e.Ma	o or bestark	
Leianne.	11lessina-Bi	own	
Typed or prin	nted name of signee		

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Cartified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)