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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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03/11/04 - 03/11/04 \*\$125.00

FILED  
04 MAY 10 PM 12:41  
SEALING STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 MAY 10 PM 3:22  
ALC  
CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

(CLAUDE R. WALKER, ESQ.)

HUEY, GUILDAY & TUCKER, P.A.

P. O. BOX 12500

TALLAHASSEE, FL 32317-2500

Address

Attn: Julie

224-7091

City/State/Zip

Phone #

FILED  
04 MAY 10 PM 12:41  
TALLAHASSEE, FLORIDA  
Office Use

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TKT Blueberries, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

When ready

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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

FILED  
04 MAY 10 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is: TKT Blueberries, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3255 GARCIA Dr.  
TALLAHASSEE FL 32309

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office and Registered Agent=s Signature:**

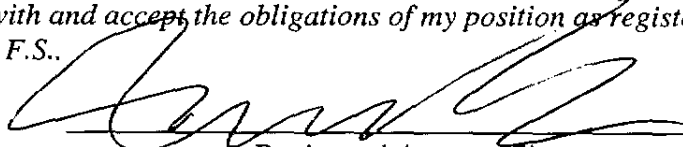
The name and the Florida street address of the registered agent are:

THOMAS FERENCAK  
Name

3255 GARCIA Dr.  
Florida street address (P. O. Box Not acceptable)

TALLAHASSEE FL 32309  
City, State and Zip Code

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

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

**Title:**

AMRG@ = Manager

AMGRM@ = Managing Member

**Name and Address:**

Thomas FERENCIAK MGRM

3255 GARCIA DR.  
TALLAHASSEE FL 32309

VINCENT GERARD KUTZ MGRM

3373 FOLEY DR  
TALLAHASSEE FL 32309

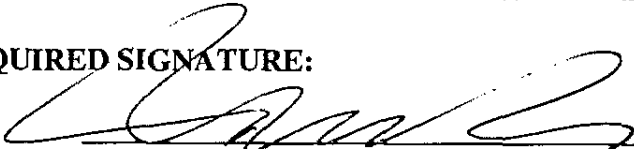
ANTONIO F. GONZALEZ MGRM

4396 WINARUSH DR.  
NICEVILLE FL 32578

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

 5/2/04  
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.)

THOMAS FERENCIAK

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Art. of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)