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LIMITED LIABILITY COMPANY

The Tomato Express LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 4050000 95 8603

ARTICLES OF ORGANIZATION OF The Tomato Express LLC

FILED

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ARTICLE I

NAME

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the limited liability company shall be: The Tomato Express LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9532 Apple Valley Lane, Jacksonville, Florida 32222.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Debra Reale, 9532 Apple Valley Lane, Jacksonville, Florida 32222. Located in the County of Duval.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Debra Reale, 9532 Apple Valley Lane, Jacksonville, Florida 32222

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # <u>#105000045</u> 8603

CERTIFICATE OF DESIGNATION OF REGISTERED FILED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,

THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE TARY OF STATE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN TALLAHASSEE, FLORIDA
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: The Tomato Express LLC

The name and address of the registered agent and office is: Debra Reale, 9532 Apple Valley Lane, Jacksonville, Florida 32222. Located in the County of Duval.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Doblo Reole

Date: February 2, 2005

Jan R Sonders

GAIL R. SANDERS

Notary Public - State of Florida

MyCommission Express Dec 29, 2008

Commission # DD 360877

Bonded by National Notary Assn.