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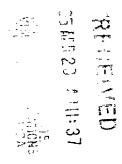
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SECNETARY OF STANDA TALLAHASSEE, FLORIOA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Talahassee Packing Compar (Name of Limited Liability Company)	y, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kristi Bulloch (Name of Person)	05 APR 20 SELVIHASSE TALLAHASSE
(Firm/Company)	PH 12: 08
1546 Grape Street Tallanassee, Fr	ORIDA 4
Tallanassee, F2 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Erica Goff at (850) 386- (Name of Person) (Area Code & Daytime Telephon	9256 ne Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce (additional copy is enclosed) Certified Copy	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADI Registration Section Division of Corporations Division of Corporations P.O. Box 6327	tion

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tallahasseefacking 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:		
1546 Grape Street	Same		·
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signatur	05.Af	and mile
The name and the Florida street address of the registered	l agent are:	ж 20 F	Section 2

1546 Grape Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	<u>-</u> ,		
MGRM	Knisti Bulloch 1544 Grape Street Tallahassee 172	 320	503	- - ~ :
MGRM	Frica Goff 1335 Terrace St Tallahassee, Fr 32	<u> </u>		· •
· - · · · · · · · · · · · · · · · · · ·			. 41	. 1. -
 		TALLAHA!	05 APR	
(Use attachment if necessary)	-	SSEE SSEE	20 P	
NOTE: An additional article must be a	added if an effective date is requested.	FLORID,	PM 12: 08	
REQUIRED SIGNATURE:		RID,)8	
11/1	Raga			

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.)

Bulloch 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)