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From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SPECIALTY SPICES, LLC.

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

SPECIALTY SPICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SPECIALTY SPICES, LLC.

ARTICLE II - ADDRESS

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

**5710 CRAINDALE DR
ORLANDO, FL 32819**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

EDUARDO F PALAU

5710 CRAINDALE DR

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

ORLANDO, FL 32819

**BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLA.

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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- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

EDUARDO F PALAU
5710 CRAINDALE DR
ORLANDO, FL 32819

MANAGER

HERNANDO VALDIVIESO
5710 CRAINDALE DR
ORLANDO, FL 32819

MANAGER

(An additional article must be added if an effective date is requested)

*


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.)

EDUARDO F PALAU
Typed or printed name of signer

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STATE
FLORIDA