

LOS 0000 75142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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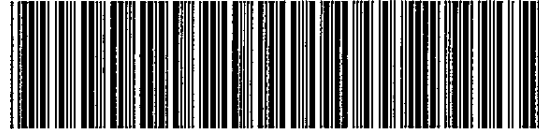
(Business Entity Name)

(Document Number)

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LOS-75142  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEPPER PRODUCTS LLC  
(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:

JAMES L. SNIDER  
(Name of Person)

QUENLEIGH'S, INC.  
(Firm/Company)

901 BIRDIE WAY  
(Address)

ST. AUGUSTINE, FL. 32080-9179  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L. SNIDER at ( 904 ) 460-0465  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

2005 JUN 20 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PEPPER PRODUCTS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

901 BIRDIE WAY  
ST. AUGUSTINE, FL 32080

#### Mailing Address:

1093 AIA BEACH BLVD.  
SUITE 200  
ST. AUGUSTINE, FL 32080-6733

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JAMES L. SNIDER

Name

901 BIRDIE WAY

Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE FL 32080-9179

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:**

MGR

MARCUS B. BRAECKEL  
218 FLORIDA BLVD.  
NEPTUNE BEACH, FL. 32266

MGRM

WANDA R. BATES  
539 DEER PATH ROAD  
GREEN COVE SPRINGS, FL. 32043

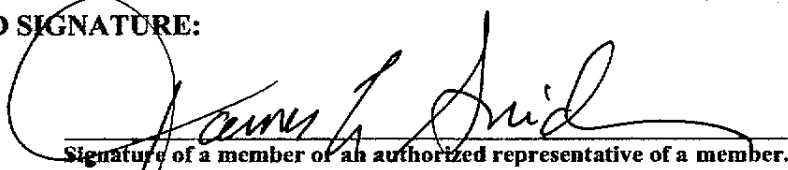
MGRM

JAMES L. SNIDER  
901 BIRDIE WAY  
ST. AUGUSTINE, FL. 32080

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
Signature of a member of 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.)

JAMES L. SNIDER

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA