

L05000082048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

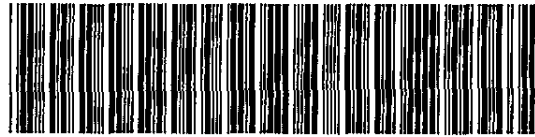
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05 AUG 19 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 19 AM 9:12
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 19 AM 10:01

FILED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 551900 4304524

AUTHORIZATION : *Patricia Kigute*

COST LIMIT : \$ 125.00

FILED
05 AUG 19 AM 10:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 18, 2005

ORDER TIME : 8:59 AM

ORDER NO. : 551900-005

CUSTOMER NO: 4304524

CUSTOMER: Ms. Rebecca Ceto
Sonnenschein Nath & Rosenthal
Llp
8000 Sears Tower
233 South Wacker Drive
Chicago, IL 60606

DOMESTIC FILING

NAME: HOLD THE ONIONS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

FILED
05 AUG 19 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hold the Onions, LLC

ARTICLE II - Address:

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

Principal Office Address:

9518 Preston Trail West

Ponte Vedra Beach, FL 32082

Mailing Address:

9518 Preston Trail West

Ponte Vedra Beach, FL 32082

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

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

Reagor, Craig

Name

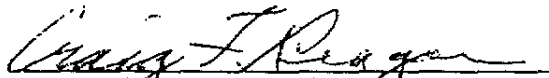
9518 Preston Trail West

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

Ponte Vedra Beach FLORIDA 32082

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, Florida Statutes.


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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Craig Reagor

9518 Preston Trail West

Ponte Vedra Beach, FL 32082

MGRM

Wendy Reagor

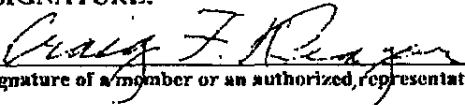
9518 Preston Trail West

Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

By: Craig Reagor

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)