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SECRETARY OF STATE
TALLAHASSEE. FLORID

WW 9814

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Sapoto Food Service Management LLC.</u> (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:		
Vito I SAPUTO		
Vito J SAPUTO (Name of Person)		
SAPUTO FOOD SERVICE MANAGEMENT LLC (Firm/Company)		
1913 White Cedan WAY (Address) Boardon F/ 33511-7812 SSR 9		
(Address)		
(City/State and Zip Code)		
(City/State and Zip Code) For further information concerning this matter, please call:		
(Name of Person) at (813) 681-7802 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$}		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saputo Food Service Management LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1913 White CedAR WAY BRANDON, FL 33511	1913 White Cedar WAY B
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. CAROL SAPU Name	Office, & Registered Agent's Signature of the red Agent. You must designate an individual or another of the red Agent agent are:
1913 White Ced. Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
BRANdon, FL City, State, an	FL 335// d 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 (REOUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

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)