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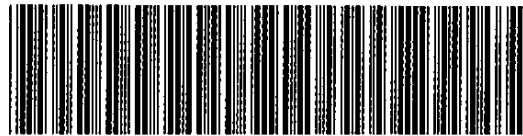
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2127 W. DR. MARTIN LUTHER KING JR. BLVD
TAMPA, FLORIDA 33607-6511
PHONE (813) 872-8543
FACSIMILE (813) 870-3610

June 28, 2006

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

In Re: The Filing of Articles of Organization of KALIBER FOODS, L.L.C.

To whom it may concern:

Enclosed herein please find a check in the amount of \$125.00 to cover the cost of the filing fee for the above referenced Limited Liability Corporation. We have included the original Articles of Organization of Kaliber Foods, L.L.C. We ask that the same be registered under the laws of the State of Florida as a Limited Liability Corporation and the certificate be mailed directly to this writer.

Should there be any questions please feel free to contact me at your convenience.

Very truly yours,


PETER SCAGLIONE, JR., ESQUIRE

PS/drm
Enc.

**ARTICLES OF ORGANIZATION
OF
KALIBER FOODS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

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TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of this limited liability company shall be:

KALIBER FOODS, LLC

ARTICLE II – ADDRESS

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

5035 Musket Drive
Lakeland, FL 33810

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

SHARON F. VALDES
5035 Musket Drive
Lakeland, FL 33810

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.


SHARON F. VALDES
Registered Agent's Signature

ARTICLE IV – MANAGEMENT

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

ARTICLE V- CLASS OF MEMBERS

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

SHARON F. VALDES

5035 Musket Drive
Lakeland, Florida 33810

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TALLAHASSEE, FLORIDA

ARTICLE VI - EFFECTIVE DATE

The Effective date of the Limited Liability Company is June 23, 2006.

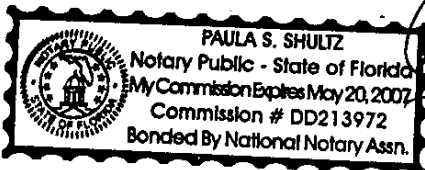
IN ACCORDANCE WITH statute 608.408, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Sharon F. Valdes
SHARON F. VALDES

STATE OF FLORIDA

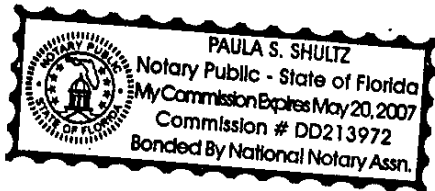
COUNTY OF POLK

The foregoing was acknowledged before me on this 23rd day of June, 2006, by SHARON F. VALDES, who is personally known to me or produced FL DL as identification and who did/did not take an oath.



Paula S. Shultz
NOTARY PUBLIC

Paula S Shultz
Name Typed or Stamped, Commission Number,
Expiration Date



Paula S. Shultz
NOTARY PUBLIC

Paula S Shultz
Name Typed or Stamped, Commission Number,
Expiration Date