(Re	questor's Name)	····
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

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TO: Registration Division of	Section Corporations		
SUBJECT: PC N	leats, LLC		
	(Name of Limited	Liability Comp	any)
The enclosed Articles	of Organization and fee(s) are su	bmitted for filin	g.
Please return all corre	spondence concerning this matter	r to the following	y:
Linda Co	sper		
****	4)	Name of Person)	
Hilltop M	leat Market		
	(1	Firm/Company)	
1323 Be	ck Avenue		
		(Address)	
Panama	City, Florida 32401		
	(City/	State and Zip Code	2)
For further information	on concerning this matter, please of	call:	
Linda Cosper		at (850	215-6917
(Na	me of Person)	(Area Cod	e & Daytime Telephone Number)
<u></u>	for the following amount: \$\Bigsim\\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filir Certified Co (additional cop	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PC Meats, LLC 5+. Andrews Meat Company, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
1323 Beck Avenue	1323 Beck Avenue		
Panama City, Florida 32401	Panama City, Florida 32401		
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	vn Registered Agent. You must designate an individua	I or another	DIVIS
Linda Cosper		AUG	
Name		631	
1323 Beck Aver	nue	٦	* * * *,
Florida st	reet address (P.O. Box NOT acceptable)	PH 2	
Panama City, Fl	orida <u>3</u> 2401	2: 2	<u>.</u>
			,

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 (REQUIRED)

City, State, and Zip

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	
MORWI — Managing Member	
Manager	Linda Cosper
	801 Wood Avenue
	Panama City, Florida 32401
Manager	Stephen Cosper
	801 Wood Avenue
	Panama City, Florida 32401
	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days p
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	•
10.	

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.)

Linda Cosper

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)