## L08000006604

(Requestor's Name)			
(Address)			
. (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



600115136986

01/17/08--01022--019 \*\*130.00

SFFECTIVE DATE

08 JAN 17 PM 1: 19
SECRETARY OF STATE

N. Chillighan JAN 18 2008

## **COVER LETTER**

	TO: `Registration Section Division of Corporations					
	SUBJECT: SUART COOKING 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:  CHRISTOPHER PEREZ  (Name of Person)  SMART COOKING PRODUCTS, LLC  (Firm/Company)  34/6 SR 17 W.  (Address)						
			SEBRING, FL 33870 (City/State and Zip Code)  For further information concerning this matter, please call:			
				\$125.00 Filing Fee \$\$130.00 Filing Fee \$\$ \$155.00 Filing Fee \$\$ \$160.00 Filing Fee, Certificate of Status \$\$ Certified Copy (additional copy is enclosed) \$\$ Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
SHART COOKING PRODUCTS, 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:				
Principal Office Address: Mailing Address:				
3416 SR 17 N SEBNUM6, FL, 33870 SEBNUM6, FL 33870				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are: $\frac{\overline{A}SE}{\overline{C}}$ 8				
The name and the Florida street address of the registered agent are:  Christophev Pevel Name  ASECRETARY  AND  AND  AND  AND  AND  AND  AND  AN				
Florida street address (P.O. Box NOT acceptable)  SEBUN6 FL 33876				
SEBIUNG FL 33876 GH G				

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>M6R</u>	William WEIR 3416 SR 17 N SEBNING, FL 33870
·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the d	late of filing: OI / 14 / WOP . (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETA TALLAHA
(In accordance with section of this document constituent that the facts stated he	DE U
<u>CARUSTOPA</u> Type	HOR PEREZ ed 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)