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DETAIL OF SORPORATION
TALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: FOODS 1 ST CONSULT (Name of Lin	ING , LLC nited Liability Company)
	closed Articles of Organization and fee(s) a	
Please	return all correspondence concerning this m	natter to the following:
	Willie H. Moopy	(Name of Person)
	FOODS 1 ST CONSULTING	, LLC
		(Firm/Company)
	900 MEGINNIS LN	
		(Address)
	TALLAHASSEE /FL.	32312 City/State and Zip Code)
For fur	ther information concerning this matter, ple	
_Wil	(Name of Person)	at (<u>850</u>) <u>284 - 9425</u> (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
\$125	.00 Filing Fee \$\int \\$130.00 Filing Fee \delta \text{Certificate of Status}	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporation 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:	
Foods 1st Consulting, LI (Must end with the words "Limited Liabilit	LC
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 MEGINNIS LN TALLAHASSEE, FL. 32312	900 MEGINNIS LN TALLAHASSEE, FL. 32312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office; & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Willie Howard M.	egistered agent are: OODY JR. AHAR TARK SS.
900 MEGINNIS LN	
TALLAHASSEE, E	FL 32312 CRA
liability company at the place designated in th	ccept service of process for the above stated limited nis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

ひ. H. Moody チ.
Registered Agent's Ignature (REQUIRED)

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:
MGRM	_	WILLIE H. MOODY 900 MEGINNIS LN TALLAHASSEE, FL. 32312
MGRM		LATOYA R. GENERAL 900 MEGINNIS LN TALLAHASSEE, FL. 32312
Use attachment		the date of filing: . (OPTION
LE V: Effective fective date is list days after the d	date, if other than to the date, if other than to the date must hate of filing.)	the date of filing: (OPTION the specific and cannot be more than five business da
LE V: Effective fective date is lis	date, if other than to the date, the date must ate of filing.)	t be specific and cannot be more than five business da
LE V: Effective	date, if other than to ted, the date must ate of filing.) GNATURE: Lu. 21. Mo Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business da
LE V: Effective fective date is list days after the d	date, if other than to ted, the date must ate of filing.) GNATURE: Lu. 21. Mo Signature of a men (In accordance with of this document contact the facts state	t be specific and cannot be more than five business da not be an authorized representative of a member. I section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury