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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

JUN 2 4 2008

EXAMINER

COVER LETTER

TO:	Registration : Division of C			
SUILI	ear.	HOGAN FOOD	5	
30831	ECI:	HDGAN FOOD (Name of Limit	led Liability Company)	08
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	08 JUN 23
Please	return all corres	pondence concerning this ma	ter to the following:	تة ا چ
	Rus	SELL K. FRAZ	≥IER	
			(Name of Person)	
	· · · · · · · · · · · · · · · · · · ·		(Firm/Company)	and the return to an agency or an agency or agency and the second of the
			• • •	
	15	magee ave	(Address)	
				•
	<u> </u>	ALLETTE N.J.	08735 (SWHER ADDRESS
		(Ci	ty/State and Zip Code)	
For fu	rther information	concerning this matter, pleas	e call:	
(RUZELL	K FRABIER	at (732) 803 (Area Code & Daytime Tel	0021
	(Nam	e of Person)	(Arca Code & Daytime Tel	ephone Number)
Enclo	sed is a check t	for the following amount:		•
⊠\$ 125	.00 Filing Fee	\$130.00 Filing Fee & 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 Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporation: Clifton Building 2661 Executive Center C Tallahansee, FL 32301	

ARTICLES OF ORGANIZA	ATION FOR FI	LORIDA LIMITED	LIABILITY	COMPANY
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	INY S
ARTICLE 1 - Name: The name of the Limited Liability Company is:	8 JUN 23
HOGAN FOODS LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	6# 5:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1431 S.OCETH ALVD. #98	1431 S. OCEAH BLUD #98
AUDERDALE BY THE SEA	LAUDERDALE BY THE SEA
FLORIDA 35062	FLORIDA 33062

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 Plorida registration.)

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

DARRYL L. HINKEE
Name

Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH, FL 33062

City, State, and 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.

(CONTINUED) Page 1 of 2

_ (OPTIONAL)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGR	RUSSELL K FRRZIER 1431 S. DCEAN BLUD #98 LALDERDALF BY THE SEA FL 33062
	08 JUN 23
	TO O
(Use attachment if necessary)	2: 21

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

RUSSELL K FRAZIER
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)

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