## LD9000035795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

APR 14 2009

**EXAMINER** 

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SECRETARY OF STATE

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## COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: Fred's	Favorite Foods		
		(Name of Limit	ed Liability Compa	ny)
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing	;
Please	return all corres	pondence concerning this mat	ter to the following	:
	Fred T. W	hite /		
			(Name of Person)	
			(Firm/Company)	
	1106 Ball	inger Road		
			(Address)	
	Lutz, FL	33548-4415		
		(Cit	ry/State and Zip Code	
For fu	rther information	concerning this matter, pleas	e call:	
Fred T. White		_at ( 813)	957-4075	
\ <u></u>	(Nam	e of Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed is a check f	or the following amount:		
<b>□\$</b> 125	.00 Filing Fee	S130.00 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 Tallahassee, FL 32314	Registration Division of Clifton Board Exc	of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Fred's Favorite Foods, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1106 Ballinger Road	1106 Ballinger Road
_utz, FL 33548-4415	Lutz, FL 33548-4415
*	
The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Fred T. White  Name	·
1106 Ballinger Road	
Florida street add	tress (P.O. Box NOT acceptable)
Lutz, FL 33548-4415 City, State, a	FL
City, State, 2	and Zip
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (REQUIRED)  ALL APP

(CONTINUED)
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## 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	Name and Address:
"MGRM" = Managing M	lember
	**************************************
(Use attachment if necess	sary)
FICLE V: Effective date, if con effective date is listed, the r 90 days after the date of file.	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pr ing.)
REQUIRED SIGNATU	Aldu
_	re of a member or an authorized representative of a member.
of this d	rdance with section 608.408(3), Florida Statutes, the execution locument constitutes an affirmation under the penalties of perjury ne facts stated herein are true.)
	FREN T WHITE

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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Typed or printed name of signee