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| (Requestor's Nar                        | ne)            |
|---|----------------|
| (Address)                               |                |
| (Address)                               |                |
| (City/State/Zip/Ph                      | none #)        |
| PICK-UP WAIT                            | MAIL           |
| (Business Entity                        | Name)          |
| (Document Numb                          | per)           |
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TALLAHASSEE, FLORIDA

D. BRUCE

OCT 19 2009

EXAMINER

### **COVER LETTER**

| Division of C            |   |   |  |
|--------------------------|---|---|--|
| SUBJECT:                 | Cactus S  | auce Company "L.L.  | O."  |
|                          | Name of Limi  | ted Liability Company   |  |
| The enclosed Articles of | of Organization and fee(s) are  | submitted for filing.   |  |
| Please return all corres | pondence concerning this ma   | tter to the following:  |  |
|                          | Je  | effrey V. Jordan  | ·  |
|                          |   | Name of Person  |  |
|                          | Cactus Sa   | auce Company "L.L.C."   |  |
|                          |   | Firm/Company  |  |
|                          | 327   | East 48th Street  |  |
|                          |   | Address   | FF 09  |
|                          | Jackso  | nville, Florida 32208   | AHA CI   |
| <del></del>              |   | ty/State and Zip Code   | SSEE 6   |
| <del> </del>             | E-mail address: /to be used   | for future annual report notification   | 2° 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   |
| For further information  | concerning this matter, pleas   |   | U:35   |
| Jeffre                   | ey V. Jordan  | at ( 904 )  | 355-6938   |
|                          | of Person   | Area Code & Daytime T   |  |
| Enclosed is a check f    | or the following amount:  |   |  |
| \$125.00 Filing Fee      | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S160.00 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 | Street/Courier Addre<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Cente<br>Tallahassee, FL 3230 | ons<br>er Circle   |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limite   | ed Liability Company is        | s:   |
|---|--------------------------------|--|
| (Must end   | Cactus Sauce Con               | npany. "L.L.C." pility Company," "L.L.C.," or "LLC.")  |
| ARTICLE II - Addres The mailing address an  |                                | orincipal office of the Limited Liability Company is:  |
| Principal Office Addr   | ess:                           | Mailing Address:   |
| 327 East 48th Street<br>Jacksonville, Florida   | 32208                          | 327 East 48th Street Jacksonville, Florida 32208   |
| ARTICLE III - Regist<br>(The Limited Liability Compar<br>business entity with an active | ly cannot serve as its own Reg | ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another  |
| The name and the Flori  | da street address of the       | registered agent are:  |
|   | Jeffrey V                      | 9 0  |
|   | 327 East 4                     | HAA OCT  |
| <del>-11.011</del>  | Florida street address (P.C    | D. Box NOT acceptable)   |
|   | Jacksonville, 32208            | FL PS F M  |
|   | City, State,                   | The state of the s |
|   |                                | accept service of process for the above stated limited this certificate, I hereby accept the appointment as  |

(CONTINUED)

## Page 1 of 2

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

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

| "MGR" = Massaca   |  | Name and Address:   |
|---|--|---|
| "MGR" = Manage "MGRM" = Mana  |  |   |
| "MGR"   |  | Jeffrey V. Jordan   |
|   | _  | 327 East 48th Street  |
|   |  | Jacksonville, Florida 32208   |
|   |  |   |
|   | -  |   |
|   |  |   |
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|   | <del></del>  |   |
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| (Use attachment if  | necessary)   |   |
| (OSC attachment II  |  |   |
|   | ata if other than the d  | oto of filings (ODTIONAL  |
| LE V: Effective da  |  |   |
| LE V: Effective da  | ed, the date must be s   |   |
| LE V: Effective da<br>ffective date is liste<br>days after the dat                  | ed, the date must be see of filing.)   |   |
| LE V: Effective da  | ed, the date must be see of filing.)   |   |
| LE V: Effective da<br>ffective date is liste<br>days after the dat<br>REQUIRED SIG  | ed, the date must be see of filing.)  NATURE:  | specific and cannot be more than five business days   |
| LE V: Effective da<br>ffective date is liste<br>days after the dat<br>REQUIRED SIG  | ed, the date must be see of filing.)  NATURE:  Signature of a member of  | specific and cannot be more than five business days   |
| LE V: Effective da ffective date is liste days after the date  REQUIRED SIG         | ed, the date must be see of filing.)  NATURE:  Signature of a member of the control of the contr | or an authorized representative of a member.  |
| LE V: Effective da<br>ffective date is liste<br>days after the date<br>REQUIRED SIG | ed, the date must be see of filing.)  NATURE:  Signature of a member of the control of the contr | or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the same an affirmation under the penalties of perjury. |
| LE V: Effective da<br>ffective date is liste<br>days after the date<br>REQUIRED SIG | NATURE:  Signature of a member of this document constituted that the facts stated herei  | on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury.  |

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)