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Special Instructions to Filing	Officer:	 	\neg

A. LUNT

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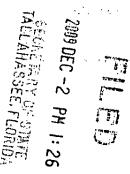
EXAMINER

Office Use Only



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COVER LETTER

10;	Division of Corpora								
SUBJE	CT:	Goulard's	Groce	ery Se	ervice, L	.L.C			
00202		Name of Limi							
The end	losed Articles of Orga	nization and fee(s) are	submitte	d for fili	ng.				
Please 1	eturn all corresponden	ce concerning this mat	ter to the	followi	ng:				
		Bonni	e Caro	lyn Go	oulard				2909
	,		Name of	f Person				AL	330
_		Goulard's	Grocer	y Serv	ice, L.L.C	.		555	-2
			Firm/Co	ompany				in co	2
		1138	S.E. 1	4th Av	enue			92	 %—
-			Add	ress				14 4 1 1 14 4 1 1	0
		Oca	la, Flor	ida 34	1471				
-		Ci	ty/State a	nd Zip Co	de				
_		bonniecai	olyn@	embar	qmail.cor	n			
		nail address: (to be used		annual re	port notificat	ion)			
For furt	her information concer	ning this matter, pleas	e call:						
	Bonnie Caroly	n Goulard	at (352)	36	8-1842		
	Name of Person	on		Area Co	de & Daytim	e Telep	hone Numbe	Г	
Enclos	ed is a check for the	following amount:							
	00 Filing Fee \$\int\$1	J	Cei	rtified C	ing Fee & copy opy is enclose		\$160.00 F Certificate Certified (additional)	e of Statu Copy	ıs &
	Reg Div P.O	iling Address istration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Registr Division Clifton 2661 E	Courier Ade ation Section on of Corpor Building xecutive Ce assee, FL 32	ations	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Goulard's Grocer (Must end with the words "Limited L	ry Service, L.L.C. Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
1138 S.E. 14th Avenue	1138 S.E. 14th Avenue	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Age Registered Agent. You must designate an in	ndividual of another
The name and the Florida street address of t	the registered agent are:	DEC -
Bonnie Ca	arolyn Goulard	
Na Na	ame	
	. 14th Avenue (P.O. Box <u>NOT</u> acceptable)	1: 26
Ocala, Florida 344	74	
	te, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member MGR Bonnie Carolyn Goulard 1138 S.E. 14th Avenue Ocala, Florida 34471			47.3
'MGRM" = Managing Member MGR Bonnie Carolyn Goulard 1138 S.E. 14th Avenue Ocala, Florida 34471 MGR Kyle Douglas Goulard 2707 N.E. 19th Avenue Ocala, Florida 34470	<u> Fitle:</u>	Name and Address:	ين ريا ر
MGR Bonnie Carolyn Goulard 1138 S.E. 14th Avenue Ocala, Florida 34471 MGR Kyle Douglas Goulard 2707 N.E. 19th Avenue Ocala, Florida 34470			ي شنه
1138 S.E. 14th Avenue Ocala, Florida 34471 MGR Kyle Douglas Goulard 2707 N.E. 19th Avenue Ocala, Florida 34470	"MGRM" = Managing Member		-
MGR Kyle Douglas Goulard 2707 N.E. 19th Avenue Ocala, Florida 34470	MGR	Bonnie Carolyn Goulard	
MGR Kyle Douglas Goulard 2707 N.E. 19th Avenue Ocala, Florida 34470		1138 S.E. 14th Avenue	
2707 N.E. 19th Avenue Ocala, Florida 34470		Ocala, Florida 34471	
2707 N.E. 19th Ayenue Ocala, Florida 34470	MGR	Kyle Douglas Goulard	
Use attachment if necessary)		Ocala, Florida 34470	
TOSE ATTAILMENT OF THE CONSTRUCT	(Use attachment if necessary)		
	fective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five	business (
fective date is listed, the date must be specific and cannot be more than five business	REQUIRED SIGNATURE:		
fective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.)	Bonnie	Carolyn Houlard	
REQUIRED SIGNATURE: Bonnie Carolyn Houlard	Signature of a memb	ег ог на нипотиео гергезепіниче от а membe	1.
fective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.) REQUIRED SIGNATURE:	(In accordance with co	ection 609 409(2) Florida Statutes the execution	
fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE: Bonnie Carolyn Houlard			гу

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)

Bonnie Carolyn Gouland
Typed or printed hame of signee