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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE STRATEGIC COUNSEL, L.C.  
Account Number : I20040000092  
Phone : (813) 286-1700  
Fax Number : (813) 286-3600

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FLORIDA LIMITED LIABILITY CO.  
SUNCOAST HARVEST THRIFT STORE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. BRYAN

MAY 11 2010

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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
SUNCOAST HARVEST THRIFT STORE, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is SUNCOAST HARVEST THRIFT STORE, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

5829 Ehren Cut-Off  
Land O' Lakes, Florida 34639

Mailing Address:

PO BOX 1613  
Land O' Lakes, FL 34639

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Steven P. Riley  
4805 West Laurel Street, Suite 230  
Tampa, Florida 33607

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*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.*

  
Steven P. Riley

**ARTICLE IV - MANAGERS OR MANAGING MEMBERS**

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FROM THE STRATEGIC COUNSEL

FAX NO. : 8132863600

May. 10 2010 05:32PM P3

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

"MR" = Member

Name and Address:

MGR

Elizabeth Fields  
5829 Ehren Cut-Off  
Land O' Lakes, Florida 34639

MR

Suncoast Harvest Food Bank  
PO Box 1613  
Land O'Lakes, Florida 34639

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**REQUIRED SIGNATURE:**

Elizabeth Fields, Executive Director  
Signature of a member or an authorized representative of a member.

(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.)

Elizabeth Fields

Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUNCOAST HARVEST THRIFT STORE, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is SUNCOAST HARVEST THRIFT STORE, LLC.

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

Steven P. Riley

4805 West Laurel Street, Suite 230, Tampa, Florida 33607 (Post office box is NOT acceptable.)

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, Florida Statutes.

Steven P. Riley  
Registered Agent

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