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(Requesto	or's Name)	
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PICK-UP	WAIT	MAIL
Rusiness	Entity Name)	
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C. LEWIS OCT 1 8 2010 EXAMINER

Registration Section
Division of Corporations

TO:

SUBJECT: Stacy's	Gluten Free Goodies, L	LC	
		ed Liability Company	-
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Stacy Hiles			· · · · · · · · · · · · · · · · · · ·
		Name of Person	
Stacy's Glute	n Free Goodies		
	* * *	Firm/Company	
10242 Evergr	een Hill Drive		
.		Address	
Tampa, FL 33			
		y/State and Zip Code	
gfgoodies@ve		for future annual report notification)	
For further information	concerning this matter, please		
Stacy Hiles		at (813) 477-4247	_
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Stacy's Gluten Fre		"Limited Liability Company, "L.L.C.," or "LLC.")
The mailing address		ess of the principal office of the Limited Liability Company is:
The manning address	and street addre	iss of the principal office of the Elithica Elaonity Company is.
Principal Office Ad	dress:	Mailing Address:
10242 Evergreen Hill Drive	e	10242 Evergreen Hill Drive
Tampa, FL 33647		Tampa, FL 33647
		Registered Office, & Registered Agent's Signature:
business entity with an act	tive Florida registrati	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo	tive Florida registrati	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo	rive Florida registration	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo S	rive Florida registration	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo S	orida street addi Stacy Hiles	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo S	orida street addi Stacy Hiles	s its own Registered Agent. You must designate an individual or another on.)
business entity with an act The name and the Flo S	orida street addi Stacy Hiles	s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are: Name en Hill Drive rida street address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

The name and a	Manager(s) or Man ddress of each Manag	aging Member(s): ger or Managing Member is as fo	ollows: 2010 OCT 15 AM N1: 03
<u>Title:</u> "MGR" = Mana; "MGRM" = Mar	ger	Name and Address:	IS ICHETARY OF STATE TALLAHASSEELFLORIDA
MGR		Stacy Hiles	
		10242 Evergreen Hill Drive	
		Tampa, FL 33647	<u> </u>
			
	<u></u>		
(Use attachment ARTICLE V: Effective If an effective date is list o or 90 days after the d	date, if other than the	date of filing: January 1, 2011 e specific and cannot be more th	(OPTIONAL) an five business days prior
<u>REQUIRED</u> SI	GNATURE:		
	Signature of a member	er or an authorized representative of	a member.
	(In accordance with se of this document const that the facts stated he	ction $608.408(3)$, Florida Statutes, the elitutes an affirmation under the penalties rein are true.)	execution s of perjury
	Stacy S. Hiles	ped or printed name of signee	
Filing Fees	<u>:</u>		

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)