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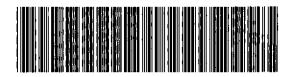
(F	Requestor's Name)
(A)	address)
A)	address)
(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

G. MCLEOD

JAN 11 2011

EXAMINER



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## **COVER LETTER**

TO:

Registration Section

Division of	Corporations	
<sub>SUBJECT:</sub> Puri	tan Marketing,LLC	
		ed Liability Company
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this mat	ter to the following:
Gregor	y Carnivale	
		Name of Person
		Firm/Company
1/755	NW HWY 225	· in wearing
147331	10011001 223	Address
Reddick,	Fl32686	
		y/State and Zip Code
gregcfin@		for future annual report notification)
For further informati	on concerning this matter, please	e call:
Greg Carnival	9	at (352 ) 804-7789
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	/ <b>1S:</b>	
Puritan Marketing,LLC		
<del></del>	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liab	vility Company is:
Principal Office Address:	Mailing Address:	
14755 NW HWY 225	14755 NW HWY 225	
Reddick,Fl32686	Reddick,Fl32686	
14755 NW HW	ame Y 225	11 JAN -4 PM 3: 0 SECHETARY OF STATE TALLAHASSEE, FLORE
	t address (P.O. Box <u>NOT</u> acceptable)	ORID ORID
Reddick	<sub>FL</sub> 32686	<b>&gt;</b>
City	y, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept the activ. I further agree to comply with the performance of my duties, and I am f	appointment as he provisions of all familiar with and

Page 1 of 2

(CONTINUED)



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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er en
MGR	Gregory Carnivale
	14755 NW HWY 225
	Reddick,Fl32686
MGR	<b>.</b>
WGR	Scott A. Wyatt
	8198 Streamside Dr.
	Pittsburgh,Pa15237
(Use attachment if necessary)	
(	
CLE V: Effective date, if other t	han the date of filing: (OPTIONAL
effective date is listed, the date	must be specific and cannot be more than five business days
0 days after the date of filing.)	must be specific and cannot be more than 1110 business days
o days after the date of hing.	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	manhar Dr an authorized representative of a member
Signature of a	a member or an authorized representative of a member.
Signature of a	tion (08.408(3)). Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.

Gregory Carnivale

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)