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T. HAMPTON

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EXAMINEP

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOAVES AND FISHES PRODUCTION LLC  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DANIEL WINDSOR Name of Person	
HOGNOSE SNAPPER Firm/Company	
701 DOLPHIN HARBOUR DRIVE Address	
PANAMA CITY BEACH, FLORIDA, 32407  City/State and Zip Code  ZUGUNDA @ YAHOD. Com  E-mail address: (to be used for future annual report notification)	
ZUGUNDA Q YAHOD . COM ~  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DANIEL WINDSOR at ( 850 ) 628-0329  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclose	of Status &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
LOAVES AND FISHES PRODUCTION 4. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Comp	any is
Principal Office Address:  Mailing Address:		
7008 THOMAS DRIVE 701 DOLPHIN HAND PCB, FL. 32408 PCB, FL. 3240	Bava Dr	uve
ATTN: DANIEL WINDSOR ATTN: DANIEL WI	NUSUR	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individu business entity with an active Florida registration.)	ignature: al or another	
The name and the Florida street address of the registered agent are:		
DANIEL WINDSOR		
Name		
701 DOLPHIN HARBOUR DRIVE		
701 DOLPHIN I-VARISOUR DRUVE Florida street address (P.O. Box NOT acceptable)		
PANAMA CITY BEACHEL 32407		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am j	appointme he provision	nt as ns of a
accept the obligations of my position as registered agent as provided for in Cha		
		4****
Registered Agent's Signature (REQUIRED)		≥  }
	A AF	SECR
(CONTINUED)	APR 18	- FTA FTA
Page 1 of 2	ఱ	CS YR

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	DANIEL WINDSOR 701 DOLPHIN HARBOUR DRIVE PANAMA CAY BEACH, FLORIDA 3240
(11	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)  ne specific and cannot be more than five business days price
ICLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days price
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:	pe specific and cannot be more than five business days price
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the effective date of the date of filing.	e date of filing: (OPTIONAL)  Despecific and cannot be more than five business days price  er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a membe	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)