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(Requestor's Name)						
(Address)						
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 1 2011

EXAMINER

COVER LETTER

· Care	TO;	Registration of	on Section Corporations					
	SUBJE	_{cr.} Mys	ree Foods LLC					
	SODGE	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:								
		Yulfi Moore Name of Person						
	s LLC							
	PO.BOX 420							
		Address						
		34695						
		de						
	-	amaliamoore@yahoo.com E-mail address: (to be used for future annual report notification)						
	For fur	For further information concerning this matter, please call:						
	Yulfi	Moore	- CD	at (727	8318416			
		Na	ame of Person	Area Co	de & Daytime Telephone Number			
	Enclos	ed is a chec	k for the following amount:					
	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co				
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E:	Courier Address ation Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	ited Liability Company is:		
Mysree For	DDS LLC end with the words "Limited Liabili	ity Company "LLC" or "LC"	
(Musi	and with the words. Limited Liabin	ty Company, L.L.C., or LLC.)	
ARTICLE II - Addı	ress:		
The mailing address	and street address of the pri	incipal office of the Limited I	Liability Company is:
Principal Office Add	dress:	Mailing Address:	
1727 FL TA	UNIDAD DR F.	P.O. BOX 42	20
CLEARWATER	INIDAD DR.E. FL 33759	SAFETY HARB	20 OR, FL 34695
	 		
(The Limited Liability Computation of the Limited Liability Computation of the Limited Liability Computation of the Liability Comput	pany cannot serve as its own Registe	DORE	
-		ress (P.O. Box NOT acceptable)	
			8€ 5
_	CLEARWATER, City, Sta	FL 33/31	,
liability company registered agent and statutes relating to	as registered agent and to a at the place designated in th agree to act in this capacity the proper and complete pe	accept service of process for th his certificate, I hereby accept v. I further agree to comply wi rformance of my duties, and I stered agent as provided for in	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

2011 JUL 29 AM 10: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:	Name and Address:	IMPLANASSEE
"MGR" = Manager		
"MGRM" = Managing Member		
MOD		
MGR	Yulfi Moore	
	1727 El Trinidad Dr East	
	Clearwater,FL 33759	
		- 18 18
	 	
		
	- · · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
	n the date of filing:	
n effective date is listed, the date mu	ist be specific and cannot be more than	five business days prior
r 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
	1	

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. I am aware that any false information submitted in a document to the Department of State 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)