

# L1100011744

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

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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## FLORIDA LIMITED LIABILITY CO.

### Southern Deli Provisions LLC

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SOUTHERN DELI PROVISIONS LLC

**ARTICLE II ADDRESS**

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

1202 HAMMONDVILLE ROAD  
POMPANO BEACH, FL 33069

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

RYAN SPENCE  
3376 NW 25TH TERRACE  
BOCA RATON , FL 33434

Having been named as registered agent 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.

X

  
\_\_\_\_\_  
RYAN SPENCE / Registered Agent's signature

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PAGE 2 SOUTHERN DELI PROVISIONS LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGER

RYAN SPENCE

3376 NW 25TH TERRACE

BOCA RATON , FL 33434

MANAGER

CHRIS ANGRISANI

19 OLD CHATHAM CT

BALLSTON SPA, NY 12020

MANAGER

SHANE SPENCE

158 CHURCH STREET


WEST PALM BEACH, FL 33409

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

RYAN SPENCE