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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
	ITDS			
SUBJE	Name of Limited Liability Company			
	. Came of Eliminat Elaterity Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Vincent T. Sm.11			
	VIPS Name of Person			
M	Firm/Company			
1 2	1304 Kellogg Dr			
F F	Address			
	Tavares f1 32778			
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Viv	Name of Person at (352) 503 5344 Area Code & Daytime Telephone Number			
Enclos	ed is a check for the following amount:			
/	Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certified Copy}}\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
	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:
VIDS Soul Food L.L.C. (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 Liability Company is
Principal Office Address: 1304 Kellogg Dr Tavares fl 32718
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Having been named as registered agent and 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>l'itle:</u>		Name and Address:
"MGR" = Manager	•	
"MGRM" = Manag	ing Member	
MCRM"	-	Vincent T. Small 1304 Kellogg Dr Taigres Al 32778
	•	
	-	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.Ş.)

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)