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DIVISION OF CORPORATIONS
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Brimstone Originals Specialty Foods, 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:

Eileen O'Hara
Name of Person

Brimstone Originals Specialty Foods
Firm/Company

P.O. Box 1685
Address

Largo, Fl. 33779
City/State and Zip Code

sales@brimstoneoriginals.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen O'Hara at (727) 538-9195
Name 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
- ☐ $155.00 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

brimstone® originals

January 5, 2012

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find Articles of Organization for Florida Limited Liability Company for Brimstone Originals Specialty Foods, LLC. Included is our check for $130.00 to cover the filing fee and a certificate of status.

If we have overlooked any part of the required process, please let us know. We can be reached at 727.538.9195. Thank you.

Sincerely,

Eileen O'Hara
President

Brimstone Originals®
P. O. Box 685, Largo, FL 33779 Main: 727.538.9195 Fax: 727.532.1960
www.brimstoneoriginals.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Brimstone Originals Specialty Foods, 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 Liability Company is:

Principal Office Address:
8351 Wrens Way Pass
Largo, FL 33773

Mailing Address:
P.O. Box 685
Largo, FL 33779

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:

Eileen O'Hara
Name

8351 Wrens Way Pass
Florida street address (P.O. Box **NOT** acceptable)

Largo, FL 33773
City, State, and Zip

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..

Eileen O'Hara
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Julie Stevens 3130 Hillside Ln. Safety Harbor, FL 34695
MGR	Eileen A. O'Hara 8351 Wrens Way Pass Largo, FL 33773

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: n/a. (OPTIONAL)
(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:

Julie Stevens
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.)

Julie Stevens
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)

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