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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

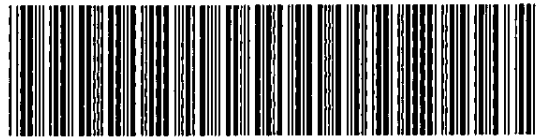
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sargent 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:

**Marianne Scott Sargent**

Name of Person

**Sargent Foods LLC**

Firm/Company

**P.O. Box 380277**

Address

**Murdock, FL 33938**

City/State and Zip Code

**Marianne@SargentFoods.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marianne Scott Sargent**

Name of Person

at ( **941** ) **585-1009**

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

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

The undersigned organizer hereby adopts the following Articles:

**ARTICLE 1**  
**Name**

The name of the Limited Liability Company is: Sargent Foods LLC

**ARTICLE 2**  
**Principal and Mailing Address**

**2.01** The complete **street address** of the initial designated principal office is:

Sargent Foods LLC  
1485 Red Oak Lane  
Port Charlotte, FL 33948

**2.02** The complete **mailing address** is:

Sargent Foods LLC  
P.O. Box 380277  
Murdock FL 33938

**ARTICLE 3**  
**Registered Agent**

**3.01** The name of the initial registered agent is:

Marianne Scott Sargent

**3.02** The **street address** of the registered agent is:

1485 Red Oak Lane  
Port Charlotte, FL 33948

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**3.03 Statement of Acceptance by Registered Agent**

*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..*

  
Signature of Registered Agent

**ARTICLE 4  
Managing Member**

**4.01** This Limited Liability Company is Member - Managed.

**4.02** The members of the Limited Liability Company and their addresses are named as followed:

Marianne Scott Sargent, MGRM      1485 Red Oak Lane, Port Charlotte, FL 33948  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE 5  
Effective Date**

The effective date of Sargent Foods LLC is May 18, 2012.

**ARTICLE 6  
Initial Contribution**

The total amount of cash and a description of agreed upon value of property other than cash contributed will be Ten Thousand Seven Hundred Fifty Dollars (\$10,750):

Cash      \$ 10,000.00  
Office Furniture and Equipment      \$ 750.00

**ARTICLE 7**

**Purpose**

The purpose for which the company is organized is to conduct any and all lawful business for which Limited Liability Companies can be organized pursuant to Chapter 608, Florida Statutes, including but not limited to the design, development, manufacturing and marketing of healthy and nutritious foods for the institutional and retail food market.

**ARTICLE 8**

**Liability**

Pursuant to Chapter 608, Florida Statutes, any and all debts, obligations or other liabilities of Sargent Foods LLC are solely the responsibility of the Limited Liability Company. Any manager or member of Sargent Foods LLC is hereby not personally liable for such debts or liabilities solely by reason of their title.

  
**Signature of 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.)

**Marianne Scott Sargent**