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| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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C. LEWIS

JUN -8 2012

EXAMINER

| ų, | TO: | Registration Section Division of Corporations | | , w r ¹ | es. |
|----------|----------|--|--|---------------------------------|--|
| | SUBJE | CT: 3750 Northwest 13th S Name of Lin | treet, LLC mited Liability Company | | |
| • | | closed Articles of Organization and fee(s) a | | | |
| | Please 1 | eturn all correspondence concerning this n | natter to the following: | | |
| | | Raymond M. Ivey | Name of Person | <u>.</u> | |
| | - | Scruggs & Carmichael, P. A. | Firm/Company | _ | |
| | - | 4041 NW 37th Place, Suite B | Address | | |
| | - | Gainesville, FL 32605 | City/State and Zip Code | | |
| | For furt | E-mail address: (to be use | d for future annual report notifi | cation) | |
| | R | aymond M. Ivey | at (_352) 376- | | |
| | | Name of Person | Area Code & Dayt | ime Telephone Num | ber |
| <u> </u> | | d is a check for the following amount: Filing Fee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status} | \$155.00 Filing Fee of Certified Copy (additional copy is enclo | Certifications Certified | Filing Fee, ate of Status & d Copy al copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 | Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive (Tallahassee, FL 3 | on orations Center Circle | |

| ARTICLE I - Name: The name of the Limited Liability Company is | ı: | |
|--|--|-----------|
| 3750 Northwest 13th Street, LLC | | |
| (Must end with the words "Limited Liab | ility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited Liability Co | mpany is: |
| Principal Office Address: | Mailing Address: | |
| 16050 NW Highway 441 Alachua, FL 32616 | 27 Town Line Road Wethersfield, CT 06109 | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | | |
| The name and the Florida street address of the | registered agent are: | ALL A |
| _ Philip A DeLaney | | |
| Name | ; | |
| 4041 NW 37th Place, | Suite B | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUINED)

Gainesville,

(CONTINUED)

| Title: | Name and Address: |
|--|--|
| 'MGR" = Manager | aging Member(s): ger or Managing Member is as follows: Name and Address: |
| 'MGRM" = Managing Member | |
| MGRM | Chowdhury & Hines Chicken, Inc. |
| | 27 Town Line Road |
| | Wethersfield, CT 06109 |
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| LE V: Effective date, if other than the ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | e specific and cannot be more than five business |
| LE V: Effective date, if other than the ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | e specific and cannot be more than five business . |
| LE V: Effective date, if other than the ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | e specific and cannot be more than five business |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)