

Florida Department

Division of Corporations
Electronic Filing Center

Note: Please print the name and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000248217 3)))



H120002482173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

Email Address: _____

RECEIVED

12 OCT 12 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
SANFILIPPO GROUP II, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. KOHR

OCT 15 2012

EXAMINER

FILED
12 OCT 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000248217

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

SANFILIPPO GROUP II, LLC

ARTICLE II – Address:

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

Principal Office Address:

6205 Blue Lagoon Dr., Suite 130,
Miami, FL, 33126.

Mailing Address:

6205 Blue Lagoon Dr., Suite 130
Miami, FL, 33126

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

FRANCESCO SANFILIPPO

6205 Blue Lagoon Dr., Suite 130
Miami, FL 33126.

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.

FRANCESCO SANFILIPPO

[Handwritten Signature]

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H12000248217

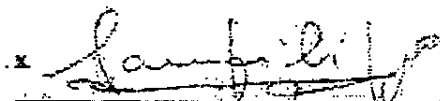
H12000248217

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

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

Title:**Name and Address:**

MGR	FRANCESCO SANFILIPPO
MGR	FRANCA SADDAMI
MGR	TATIANA SANFILIPPO
MGR	JENNIFER SANFILIPPO

REQUIRED SIGNATURE:Signature of a member of 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.)**FRANCESCO SANFILIPPO**_____
Typed or printed name of signer

H12000248217