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FLORIDA LIMITED LIABILITY CO.
SANFILIPPO GROUP II, LLC

Certificate of Status	1
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B. KOHR
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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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:	**Mailing Address:**
6205 Blue Lagoon Dr., Suite 130, Miami, FL, 33126.	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

x _____
Registered Agent's Signature

(CONTINUED)

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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 SADDEMI
MGR	TATIANA SANFILIPPO
MGR	JENNIFER SANFILIPPO

REQUIRED SIGNATURE:

x _____

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.)

FRANCESCO SANFILIPPO

Typed or printed name of signee

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