L12000/38334

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 30 PM I2: 3

D. BRUCE

OCT 31 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE				
	Name of Limited Liability Company			
The en	closed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	TAMISHA DARLING-ROBERSON			
	Name of Person			
	Firm/Company			
	P.O. BOX 35440		سند	
	Address	SECH SECH	Z =	
ST. PETERSBURG, FL 33705				
	City/State and Zip Code	RY (2 001 30 PM 2: 33	
	darlingnaturale@gmail.com E-mail address: (to be used for future annual report notification)	<u> </u>	- <u>≃`</u> - ~	
For further information concerning this matter, please call:				
Tami	isha Darling-Roberson at (727) 768-3757			
	Name of Person Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following amount:			
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DARLING NATURALS INTERNATIONAL, 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:	Mailing Address:					
873 NEWTON AVE S	P.O. Box 35440					
ST. PETERSBURG, FL 33701	ST. PETERSBURG, FL 33705					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:						
Tamisha Darling-Robe	93					
Name	*					
873 Newton Ave	S					
Florida street address (P.O. Box NOT acceptable)						
St. Petersburg	_{FL} 33701					
City, Sta	ate, 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..

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE 01/01/13

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:		
	N/A		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the street of the date is listed, the date must o or 90 days after the date of filing.)	the date of filing: 01/01/2013 (OPTIONAL) t be specific and cannot be more than five business days p	rior	
o or 90 days after the date of filing.)	TALL	3 73	
REQUIRED SIGNATURE:	AHAS.	OCT 3	
Hamisia	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document	12 OCT 30 PM 12: 33	FILED
Signature of a men	nber or an authorized representative of a member.	<u>5</u>	
constitutes an affirmation ur I am aware that any false in	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	33	
Tamisha Da	ırling-Roberson		

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)

Typed or printed name of signee