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Office Use Only

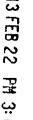
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SEUKETARY OF STATE TALLAHASSEE, FLORIDA





(850) 245-605

TO:

Registration Section **Division of Corporations**

Ms. Edye's Oatmeal Delights!

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:

Everett O. Smith

Name of Person

Abundant Harvest Consulting Service

Firm/Company

8709 Buzz Ct

Address

Jacksonville, Florida 32216

City/State and Zip Code

esmith@ahcsmarketing.com

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

For further information concerning this matter, please call:

Everett O. Smith

Name of Person

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

	neal Delights, LLC		
	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing a	ddress and street address o	of the principal office of the Limited Liability Comp	
Principal Office Address:		Mailing Address:	
8709 Buzz Ct		8709 Buzz Ct	
Jacksonville, Florida 32216		Jacksonville, Florida 32216	
The name and	the Florida street address		
The name and	Everett O. Smith	of the registered agent are:	
The name and		Name MG	
The name and		Name MG	
The name and	Everett O. Smith 8709 Buzz Ct	α	
The name and	Everett O. Smith 8709 Buzz Ct	Name SECOND	
The name and	Everett O. Smith 8709 Buzz Ct Florida s	street address (P.O. Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	nher
MGR	Edye M. Smith
·	8709 Buzz Ct
	Jacksonville, Florida 32216
MGRM	Everett O. Smith
	8709 Buzz Ct
	Jacksonville, Florida 32216

Use attachment if necessar	y)
LE V: Effective date, if oth	er than the date of filing: (OPTIO)
Tective date is listed, the	date must be specific and cannot be more than five busing
or 90 days after the date o	of filing.)
REQUIRED SIGNATUR	E:
REQUIRED SIGNATUR	E:
required signatur	E:
Edy	e M. Smith
REQUIRED SIGNATUR	E: L. M. Anith of a member or an authorized representative of a member.
Edy Signature	e M. Smith
Signature (In accordance with constitutes an affirm	of a member or an authorized representative of a member.

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)

Edye M. Smith

Typed or printed name of signee