L13000029470

| (Re | questor's Name) | |
|-------------------------|-----------------------|----------|
| (Ad | dress) | <u> </u> |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone #) | |
| PICK-UP | - WAIT | MAIL |
| (Bu | isiness Entity Name) | |
| (Document Number) | | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



400244497754

02/25/13--01016--005 **130.00

OIVISION OF CORFORATION

C. LEWIS 26 2013 EXAMINER

COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Orangetastic LLC

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:

| Merle A. Need | |
|--------------------------|--|
| | Name of Person |
| Orangetastic LLC | |
| | Firm/Company |
| 418 Down Pine Dri | ve |
| | Address |
| Seffner, FL 33584 | |
| | City/State and Zip Code |
| merle.need@gmail.com | · _ |
| E-mail address: (to be u | sed for future annual report notification) |

For further information concerning this matter, please call:

| Merle A. Need | 813 at (| 598-1971 |
|----------------|-----------|----------------------------|
| Name of Person | Area Code | & Daytime Telephone Number |

Enclosed is a check for the following amount:

□\$125.00 Filing Fee
Status

Certificate of Status

Certified Copy
(additional copy is enclosed)

Status Certified Copy
(additional copy is enclosed)

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

| Orangetastic LLC | | | |
|---|--|---|-------------------------|
| | with the words "Limited 1 | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address | : | | |
| The mailing address and | street address of th | e principal office of the Limited Liab | oility Company is: |
| Principal Office Addre | <u>ss:</u> | Mailing Address: | |
| 418 Down Pine Drive | | 418 Down Pine Drive | |
| | | | |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F | cannot serve as its own F | Seffner, FL 33584 ered Office, & Registered Agent's Segistered Agent. You must designate an individual | ial or anoth |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F | cannot serve as its own Filorida registration.) a street address of t | ered Office, & Registered Agent's Stagistered Agent. You must designate an individu | vision of cor |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F | cannot serve as its own Follorida registration.) a street address of the A. Need | ered Office, & Registered Agent's Stagistered Agent. You must designate an individu | vision of cor |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid Merle | cannot serve as its own Follorida registration.) a street address of the A. Need | ered Office, & Registered Agent's Stegistered Agent. You must designate an individual the registered agent are: | vision of cor |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid Merle | cannot serve as its own Filorida registration.) a street address of t A. Need Nown Pine Drive | ered Office, & Registered Agent's Stegistered Agent. You must designate an individual the registered agent are: | ual or another VISION C |
| ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid Merle | cannot serve as its own Filorida registration.) a street address of t A. Need Nown Pine Drive | ered Office, & Registered Agent's Stegistered Agent. You must designate an individual the registered agent are: ame et address (P.O. Box NOT acceptable) | vision of cor |

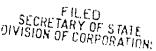
registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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



46

| The name and address of each Manager or Managing Member is as follows: | | DIVISION OF CORPORAT | |
|--|---|-----------------------------|--------|
| Title: "MGR" = Manager "MGRM" = Managing Membe | Name and Address: | 2013 FEB 25 | AM II: |
| MGRM | Merle A. Need | | |
| | 418 Down Pine Drive | | |
| | Seffner, FL 33584 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | han the date of filing:e must be specific and cannot be more tha | | |
| o or 90 days after the date of fil | | il ive business | days |
| REQUIRED SIGNATURE: | | | |
| Signature of a | member or an authorized representative of a mem | ber. | |
| (In accordance with sec | tion 608.408(3), Florida Statutes, the execution of this on under the penalties of perjury that the facts stated he | document erein are true. | |

I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Merle A. Need Typed or printed name of signee

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)