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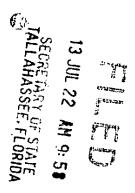
(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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LSHWers JUL 23 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gournet PB&J 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:
Brooles Bells
Name of Person
Governet PB&J LLC
Firm/Company
2020 Continental Ave. Apt #206
Address
Tallahassee, FL 32304
Government PBTE Grant Brooks Betts Comil Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brooks Betts # (850) 524-424 = 17
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 For the 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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Gournet PB (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1026 Continental Ave. Apt #206 Tallahassee, FL 32364	2026 Continental Ave. Apt # 20Ce Tallahassee, FL 32304
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
Tallahassee City, State	Ave Aet #206 Ess (P.O. Box NOT acceptable) FL 32304 e, and Zip Ave Aet #206 FL 32304 FL 32304
liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM — Managing Memor	Brooks Betts 2020 Continental Ave. Apt. #200 Tallahassee FL 32304
MGRM	Garth Betts 1565 Clifford Hill Rel Tallahossee, FL 32308
MGRM	Sean Betts 13582 Morensin Gap Rd Tallahassee, FL 32309
(Use attachment if necessary)	
FICLE V: Effective date, if other to effective date is listed, the date of to or 90 days after the date of fi	te must be specific and cannot be more than five business day
an effective date is listed, the date or to or 90 days after the date of fine results of the date of t	te must be specific and cannot be more than five business day

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)