Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (85)

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Farmer's Table LLC

RECEIVED.

13 JUL 31 PM 4: 20

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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K.SALY EXAMINER NIIG - 1 2013

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Lizbility Compar | nv ie: |
|--|---|
| The maine of the Difficed District Company | ·y 10· |
| Farmer's Table LLC | |
| (Must and with the words "Limited | Lizbility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the mailing address and street address address and street address and street address and street address and street address addr | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 120 Wells Avenue | 120 Wells Avenue |
| Newton, MA 02459 | Newton, MA 02459 |
| | |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another f the registered agent are: tions Network Inc. Name Ly Farms Road #221E The registered agent acceptable) |
| Corporate Creat | tions Network Inc. |
| —————————————————————————————————————— | Name |
| 11380 Prosperit | y Farms Road #221E |
| Florida str | cet address (P.O. Box NOT acceptable) |
| Palm Beach Gar | |
| Č | City, State, and Zip |
| liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and co | nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S |
| _ XX | Lauren Vadney, Special Secretar |
| Registered Agent's | Signature (REQUIRED) |

(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:

| "MGRM" = Managing Member | |
|---|---|
| MGRM | Mitchell B. Robbins |
| | 120 Wells Avenue |
| | Newton, MA 02459 |
| MGRM | Joseph Giannuzzi II |
| | 2914 Spanish Trail #A |
| | Delray Beach, FL 33483 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other the factorive date is listed, the date or 90 days after the date of file | han the date of filing: (OPTIONA e must be specific and cannot be more than five busines ling.) |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in \$,817.155, F.S.)

> Andrew D. Levy, Authorized Representative Typed or printed name of signce

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)