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OCT 2 9 2013

T. HAMPTON

COVER LETTER

TO: Registration Division of C			
SUBJECT:	2&5 Speci	alty Foods LLC	
5000001.		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	Robert E.	Sanford III Name of Person	
		Name of Person	
***************************************	R&S Spec.	Calty Foods LLC	
	•	Firm/Company	
	13 Oak Crest	- Dr	
		Address	
	Safety Ho	Y/State and Zip Code	695
		1 @ Knology.	nct
	E-mail address: (to be used for	or future annual report notification)	
For further information	n concerning this matter, please	call:	
Robert E. S	Sanford III	at (727) 421-7 Area Code & Daytime Telep	366
Name	e of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
RBS Specialty Foods L	LC
(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 Compan
Principal Office Address: Mailing Address:	<u>.</u>
113 Dak Crest Dr. 113 Dak of Safety Harbor Ft 34695 Safety Ha	Crest Dr rbor FL 34695
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered Agent. You must designate and the serve as a server of the Limited Liability Company cannot serve as its own Registered Agent. You must designate an active Florida registration.)	red Agent's Signature: gnate an individual or another
The name and the Florida street address of the registered agent are:	
Robert E. Sanford III	·····
. VIMALE	
11.3 Oak Crest Dr Florida street address (P.O. Box NOT acc	centable)
Safety Harbor FL 34695 City. State, and Zip	
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I here	by accept the appointment comply with the provision
registered agent and agree to act in this capacity. I further agree to all statutes relating to the proper and complete performance of my and accept the obligations of my position as registered agent as pro	
all statutes relating to the proper and complete performance of my	vided for in Chapter 608,
all statutes relating to the proper and complete performance of my	wided for in Chapter 608,
all statutes relating to the proper and complete performance of my and accept the obligations of my position as registered agent as pro	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	_
"MGRM" = Managing Member	
MGR	Robert E. Sanford III 113 Dall Crist Dr Safety Harbor FL 34695
	113 Dak Crist Dr
	Safety Harbor FL 34695
	,

ffective date is listed, the date	nan the date of filing: (OPTIO) must be specific and cannot be more than five busi
LE V: Effective date, if other th	e must be specific and cannot be more than five busi
LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of file	e must be specific and cannot be more than five busi
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