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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPICY FRUIT, 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:
Gabriel Glantz
Name of Person
Firm/Company
18106 Royal Forest Dr. Address
Jampa, FL 3364+
Tampa, FL 33647 City/State and Zip Code Gabe, Glantz & gmail, Cam E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vabriel GlantZ at (813) 508-1991 Name of Person Area Code Daytime Telephone Number
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Spicy Fruit LLC (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 Company is:	
Principal Office Address: 18106 Royal Forest Dr. Tampa, FC 33647 Mailing Address: 8513 Lucya Way # 200 Tampa, FC 33637	8
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Rapic How Z Name Stock S	is nce
Registered agent's Signature (REQUIRED)	
Page 1 of 2 Page 1 of 2 Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager Am 12 12	Name and Address: Gabriel Glantz 18166 Royal Forest Dr. Tampa FL 33647	- - -
		- - - -
(Use attachment if necessary)		- -
fective date is listed, the date must be specific	s and garthat he mays than five hydiness days nyion to an	
of filing.)	c and cannot be more than five business days prior to or	90 di
	e and Dannot be more than five business days prior to or	90 d:
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	MA	90 d:
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are truenation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.4 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ror an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Ganta	
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ARTICLE IV-