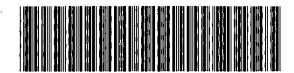
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FFECTIVE DATE



COVER LETTER

Division of Corporations
SUBJECT: Pickle Baron of Key West 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:
John Nutting Name of Person
~
Pickle Baron of key West
P.O Box 4405 Address
Address
Key West, FL 33041 City/State and Zip Code Oustanc@aol. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Putting at 305 304 - 2656 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status &

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - A		Limited Liability Company, "L.L.C.," or "LLC.")
		ncipal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1122 Sim	nton st #2	P.O BOX 4405
Kay Ves	nton st #2 r, FC 33090	P.O BOX 4405 Key Vest 1 FC 33091

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

Name

1128 Simonton St. #Z

Florida street address (P.O. Box NOT acceptable)

Key West FL 33040

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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 605 F.S.

or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
Fo MGR	John putting 1128 Simuston St. #2
MGR	Dustan Carpenter 1128 Simonton St. #2 Key West, FL 33040
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date is lessed, the date is defined.)	on the date of filing: 2/6/14 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other the effective date is listed, the date is te of filing.) CLE VI: Other provisions, if any.	
CLE V: Effective date, if other the effective date is listed, the date in the of filing.)	
CLE V: Effective date, if other the effective date is listed, the date is te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any	
CLE V: Effective date, if other the effective date is listed, the date is te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu (In accordance with constitutes an affirm I am aware that any	rolla member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document false information submitted in a document to the Department of State