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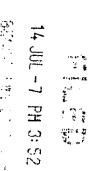
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Kefi Foods LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Pamela Houldsworth		
	Name of Person	
Kefi Foods LLC		
	Firm/Company	
1224 35 Avenue North		
	Address	
St. Petersburg, Florida 33704		
	City/State and Zip Code	
KeffiFoodsLLC@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, ple	ase call:	
Pamela Houldsworth at (	727 ) 460-8140 Area Code Daytime Tel	lephone Number
Enclosed is a check for the following amount:	_	_
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Adda	r <u>ess</u>
Registration Section Division of Corporations	Registration Section Division of Corporat	ions
D O D (227	GUA Della	

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kefi Foods, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1224 35 Avenue North St. Petersburg, Florida 33704	1224 35 Avenue North St. Petersburg, Florida 33704
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Pamela Houldsworth	
Name	
1224 35 Avenue North	
Florida street address (P.O. Box	NOT acceptable)
St. Petersburg	FL 33704
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in ear 605, F.S
Registered Agent's Signatu	are (REQUIRED)
(CONTINUE	CD)

Page 1 of 2

<u> Fitle:</u>	Name and Address:		
AMBR" = Authorized Member	<del></del>		
MGR" = Manager AMBR	Demole Headdownth		
NVIDI	Pamela Houldsworth 1224 35 Avenue North		
	St. Petersburg, Florida 33704	<del> · · · ·</del>	
		<del></del>	_
AMBR	Janice Kapous		
	639 38 Avenue Northeast	<del>-</del> ,	_
	St. Petersburg, Florida 33704	<del>.</del>	
			_
<del> </del>			_
V: Effective date, if other than the date of titve date is listed, the date must be specific	filing: <u>August 15, 2014</u> . (OPTIC ic and cannot be more than five business days p	ONAL)	 r 90
Use attachment if necessary)  V: Effective date, if other than the date of a stive date is listed, the date must be specififiling.)  VI: Other provisions, if any.	filing: <u>August 15, 2014</u> . (OPTIC ic and cannot be more than five business days p	ONAL) rior to o	r 90
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