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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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K.SALY EXAMINER SEP 25 2014

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	ECT: <u>Larry An</u>	derson Snacks LLC Name of Lin	nited Liability Company	
The en	closed Articles o	f Organization and fee(s) ar	e submitted for filing.	
Please	return all corres	oondence concerning this ma	atter to the following:	
	Larry And	<u>erson</u>	Name of Person	
	<u>Larry And</u>	erson Snacks LLC	Firm/Company	
	<u>5345 Cou</u>	nty Highway 183B	Address	<del></del>
	Ponce de	Leon FL 32455	City/State and Zip Code	
_ki	mmiepooh64@	vahoo.com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information	concerning this matter, plea	ase call:	
Larry	Anderson Nam	at (	850 ) 826-2456 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for	the following amount:		
☑ \$125.0	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)
	Regi Divi	ing Address stration Section sion of Corporations Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building	
		hassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Larry Anderson Snacks LLC	FOR FOR
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
	2 6
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	ice of the Limited Liability Company is:  Mailing Address:  5345 County Highway 183B
5345 County Highway 183B	5345 County Highway 183B
Ponce de Leon FL 32455	Ponce de Leon FL 32455
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or )
The name and the Florida street address of the registered a	gent are:
Kimberly Ann Anderson	
Name	
5345 County Highway 183B Florida street address (P.O. Box I	NOT acceptable)
Danas da Laan	FI 00455
Ponce de Leon City	FL 32455 Zip
City	Σιψ
Having been named as registered agent and to accept serv	ice of process for the above stated limited liability company at

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
IGR	Larry Anderson
	5345 County Highway 183B
	Ponce de Leon FL 32455
	For Common Commo
	7
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Jse attachment if necessary)	
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tive date is listed, the date must be filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation units)	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
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VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation under I am aware that any false in constitutes a third degree fee Larry Anderse S125.00 Filing Fee for Articles of C	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent
VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation under the constitutes at third degree felance).  Larry Anderse	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent

ARTICLE IV-