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No. 0860 P. 1

Florida Department of State  
Division of Corporations  
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Email Address: Terry.morris@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.**  
**Foodonics Equities II, LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
FOODONICS EQUITIES II, LLC**

Pursuant to the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby.

**ARTICLE I  
Name**

The name of this Limited Liability Company is: **Foodonics Equities II, LLC.**

**ARTICLE II  
Duration**

Unless earlier terminated pursuant to the Act or the Operating Agreement of this Company, the period of duration shall be perpetual.

**ARTICLE III  
Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

5139 Edgewood Court  
Jacksonville, Florida 32254

**ARTICLE IV  
Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV  
Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
K Jacques Klempf	5139 Edgewood Avenue Jacksonville, Florida 32254

**ARTICLE V**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

S. Grier Wells, Esquire  
50 North Laura Street, Ste. 1100  
Jacksonville, Florida 32202

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

  
REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.

  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

S. Grier Wells, Authorized Representative  
Type or printed name of signee

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