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(Re	questor's Name)	
(Ad	dress)	<u>,</u>
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(Cit	ry/State/Zip/Phone	, #)
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COVER LETTER

Division of Corporations
SUBJECT: Powdered Milk 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:
Edward and Joyce Richo Name of Person
Firm/Company
2664 Enterprise Rd C-1
Clearwater FL 33763 City/State and Zip Code Edwardhicho @ Aol. Com
Edward hicho @ Aol. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Educad Rictio a1 (727) 541-5940
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Lia	bility Company is:		
Powdered Milk I	LC		
(Must	end with the words "Limited	Liability Company, '	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal o	ffice of the Limited L	iability Company is:
<u>Pric</u>	cipal Office Address:		Mailing Address:
2664 Enterprise Clearwater Fl 33		Same	
Clearward 11 23	103		
The name and the Florida str	eet address of the registered Edward M Richo JR	agent are:	
	Edward M. Kieno JK	Name	
	2664 Enterprise rd C	-1	
		s (P.O. Box NOT acc	cptable)
	Clearwater	Florida	33763
	City	State	Zip
place designated in this certific further agree to comply with th	cate, I hereby accept the appete provisions of all statutes re e obligations of my position of the control of t	piniment as registered clating to the proper a as registered agent as	above stated limited liability company at the lagent and agree to act in this capacity. I and complete performance of my duties, and provided for in Chapter 605, F.S
	Registe	ered Agent's Signatur	e (REQUIRED)
		(CONTINUED)	
		Page 1 of 2	

45 SEP IN PHIZ: 49

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Litle:	Name and Address:
AMBR" = Authoriz	ed Member
MGR" = Manager	mi isemit r
AMBR	Edward M Richo Jr
	2664 Enterprise rd C-1
	Clearwater FI 33763
AMBR	Iorrao Diaha
<u> </u>	Joyce Richo
	2664 Enterprise Rd C-1 Clearwater Fl 33763
	Clearwater F153763
	•
V: Effective date, in the date, in the date is listed, in filing.)	f other than the date of filing: September 5, 2015 (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90
EV: Effective date, ctive date is listed, to filling.) the date inserted in the date inserted in the date	f other than the date of filing: September 5, 2015 (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90 nis block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
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ARTICLE IV-