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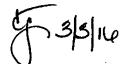
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COVER LETTER

TO:	Registration Section Division of Corporations	كهيه
SUBJECT		S KeHle Corn, LLC of Limited Liability Company
The enclo	sed Articles of Organization and fe	e(s) are submitted for filing.
Please reti	um all correspondence concerning	this matter to the following:
	J.	ulia Eastby
		Name of Person /
	Sweet-	Es Kette Corn Firm/Company
	1641 S	Seabreeze Drive
	Tarpon	Springs, FL 34689 Clty/State and Zip Code
	E-mail address: (to b	e used for future annual report notification)
For further i	information concerning this matter,	please call:
	Julia Castby Name of Person	at 704 280 - 4794 Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount	:
] \$125.00 F	\ /	e & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE was as I w

1.24

PH 4: 07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
Sweet - E's Kettle Corn, LhC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	16 FEB 24 PM
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	777 T S 7 777 C S
Principal Office Address: Mailing Address: Mailing Address: 13 N. Pinellas Ave. Tarpon Springs, FL 34689 Tarpon Springs, FL 34689	Dr. FL 34689
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indianother business entity with an active Florida registration.)	vidual or
The name and the Florida street address of the registered agent are: Julia Eastby Name 1641 Slabrleze Dr. Florida street address (P.O. Box NOT acceptable) Tapon Springs FL 34689 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chapter of Registered Agent's Signature (REO/IRED)	this capacity. I of my duties, and I
(CONTINUED)	

Page 1 of 2

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(Use attach	ment if necessary)		,			
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	is listed, the date r	must be specific a	nd cannot be mor	re than five busin	ess days prior to o	r 90 d
of filing.)		4		, mg .		
	serted in this block ctive date on the D			ory ming requirer	nenis, inis daie wii	i not d
ment s ence	tive date on the D	epartment of State	s records.			
E VI: Other	r provisions, if any.					
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-