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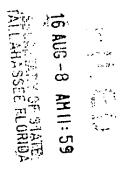
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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC"	Fueled Fresh, LLC		
SUBSEC		of Limited Liabi	lity Company
The enclo	sed Articles of Organization and fed	e(s) are submitted	for filing.
Please ret	urn all correspondence concerning t	his matter to the	following:
	Allyson Cafek		
		Name of	f Person
	Fueled Fresh, LLC		
		Firm/Co	ompany
	2580 Passamonte Dr.		
		Add	ress
	Winter Park, FL 32792		
	allysoncafek@gmail.com	City/State ar	nd Zip Code
		e used for future	annual report notification)
For further	information concerning this matter,	please call:	
	Allyson Cafek	561 at (	818-2544
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount	:	
	Filing Fee \$130.00 Filing Fe Certificate of State	e & \$155.	00 Filing Fee & \$\ \text{S160.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Fueled Fresh, LLC	24 4 2 2 4		W 1 C 2 - 49 1 C 22	_
(Must end w	of the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street ad-	dress of the principal o	office of the Limited	Liability Company is:	
Principa	l Office Address:		Mailing Address:	
2580 Passamonte Dr.		258	0 Passamonte Dr.	
Winter Park, FL 3279	2	Win	ter Park, FL 32792	
The Limited Liability Company	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or	
The Limited Liability Company on the housiness entity with an accordance of the company of the c	cannot serve as its own ctive Florida registration	Registered Agent. on.)	· ·	16 AUG
The Limited Liability Company on the housiness entity with an accordance of the company of the c	cannot serve as its own ctive Florida registration	Registered Agent. on.)	You must designate an individual or	16 AUG -8
The Limited Liability Company on the housiness entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered	Registered Agent. on.)	You must designate an individual or	
ARTICLE III - Registered Ages The Limited Liability Company on other business entity with an act  The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	Registered Agent. on.) d agent are:	You must designate an individual or	
The Limited Liability Company on the housiness entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered Allyson Cafek	Registered Agent. on.) d agent are:  Name	You must designate an individual or	AH II: 5
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered Allyson Cafek  2580 Passamonte Dr	Registered Agent. on.) d agent are:  Name	You must designate an individual or	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGR" = Manager  AMBR  Allyson Cafek  2580 Passamonte Dr.  Winter Park, FL 32792  AMBR  Alexander Kovacs  2580 Passamonte Dr.  Winter Park, FL 32792   AMBR  Alexander Kovacs  2580 Passamonte Dr.  Winter Park, FL 32792   (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liscument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a nymber or an authorized representative of a member.  This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Allyson Cafek  Typed or printed name of signee  Filing Fees:  \$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 3.0.00 Certificate of Status (Optional)  \$ 5.500 Certificate of Status (Optional)	Title:	Name and Address:	
AMBR  Allyson Cafek 2580 Passamonte Dr. Winter Park, FL 32792  Alexander Kovacs 2580 Passamonte Dr. Winter Park, FL 32792  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liscument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a number or an authorized representative of a member. This document is executed in accordance with section 605 203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Allyson Cafek  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)		lember	
AMBR  Alexander Kovacs 2580 Passamonte Dr. Winter Park, FL 32792  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ligurated at the second of the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section of 50,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Allyson Cafek  Typed or printed name of signee  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)	•	Allyson Cafek	
Winter Park, FL 32792  Alexander Kovacs 2580 Passamonte Dr. Winter Park, FL 32792  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (GPTIONAL)  Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  This document is executed in accordance with each of 60,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Allyson Cafek  Typed or printed name of signce  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMDK		
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