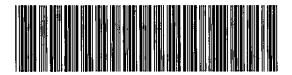
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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CCT: Concoc	tions Catering and Divers Name of Li	se Food Supply LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	spondence concerning this n	natter to the following:	
	Shirley D	ixon	Name of Person	
			Audio of Folion	
	<u>Concocti</u>	ons Catering and Diverse	Food Supply LLC Firm/Company	
	1111 No	rth C, Street		
			Address	
	Pensaco	a, FL 32501	City/State and Zip Code	
<u>C</u>	oncoctionsdfs	@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information	n concerning this matter, ple	ease call:	
<u>Shirle</u>	y Dixon Nan	at (Area Code Daytime Te	Jephone Number
Enclose	ed is a check fo	r the following amount:		
\$125.0	0 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)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Concoctions Catering and Diverse Food Supply Limited (Must end with the words "Limited	LC d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1111 North C. Street Pensacola, FL 32501	1111 North C, Street Pensacola, FL 32501
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	d agent are:
Shirley Dixon Name	e e
1111 North C. Street Florida street address (P.O. Bo	x NOT acceptable)
Pensacola	FL 32501
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	VED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Shirley Dixon
WOIL	1111 North C. Street
	Pensacola, FL 32501
	1 C1360014, 1 C 0230 1
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(Use attachment if necessary)	
LE V: Effective date, if other than the date of fective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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Concoctions Catering and Diverse Food Supply LLC 1111 North C. Street Pensacola, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Concoctions Catering and Diverse Food Supply LLC:

Shirley Dixon 1111 North C. Street Pensacola, FL 32501

Shirley Dixon, Organiza

8-d-90K

Date