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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Pennvan Foods, LLC
BUBBE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Michael F. Lewis
	Name of Person
	ILD Corp
	Firm/Company
	5000 Sawgrass Village Circle, Suite #1
	Address
	Ponte Verda Beach, FL 32082
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Michael Lewis at (904) 273-2440
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \ \times \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (
	Mailing Address New Filing Section Street Address New Filing Section
	District Co.

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



Erin P. Connelly, J.D.

econnelly@mickesotoole.com 555 Maryville University Dr., Suite 240 St. Louis, MO 63141 Tel 314.878.5600 www.mickesotoole.com

November 2, 2016

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Pennvan Foods, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for the above-referenced company to be filed with the Secretary of State's Office. We have also enclosed a check in the amount of \$130.00 made payable to Florida Department of State for the filing fee and the Certificate of Status for the above referenced company. Please return the Certificate of Status to our office in the enclosed pre-paid envelope herein.

If you have any questions, please contact our office at your earliest convenience.

Very truly yours,

Erin P. Connelly, J.D. Paralegal

eno reis

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pennvan Foods, LLC	W. O. W. I.O.W.
(Must end with the words "Limited Liab	ollity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5000 Sawgrass Village Circle, Suite #1	5000 Sawgrass Village Circle, Suite #1
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, FL 32082
ARTICLE III - Registered Agent, Registered Office, & Ro	egistered Agent's Signature:
The Limited Liability Company cannot serve as its own Regi	
nother business entity with an active Florida registration.)	-

Name

Florida street address (P.O. Box NOT acceptable)

Florida

5000 Sawgrass Village Circle, Suite #1

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Michael.F. Lewis

Ponte Vedra Beach

City State Zip

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

32082

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager MGR Michael F. Lewis 5000 Sawgrass Village Circle, Suite #1 Ponte Vedra Beach, FL 32082 Frederick W. Lloyd 5000 Sawgrass Village Circle, Suite #1 Ponte Vedra Beach, FL 32082 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or if filing.) retive date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records. E.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 605.0203 (1) (b), Florida Statute 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. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	Title:		Name and Address:
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