## L 18000/60864

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ECKETARY OF STATE

COVER LETTER		
TO: New Filing Section Division of Corporations		
SUBJECT: CORNUCOPIA OF FOODS 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:		
RONALO COHEN		
Name of Person		
CORNUCOPIA OF FOODS LLC		
Firm/Company		
17000 Porto Fino Circle 10		
Address		
PALM BEACL GARDONS F1. 334		
FOODDOC 853 e Aol. Com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
RONDID COHEN at 646, 505 8310		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

#### 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

# FILED 18 JUL -2 AH 9: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability Co	mpany is:			
Cor	RNUCOPI	A OF t	FOODS LL	<u></u>
(Must contain th	e words "Limited Lial	oility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal offic	e of the Limited	Liability Company is	:
Principal Of	Tice Address:		Mailing A	ddress:
17000 P	n to Flunc	ircle	. (	
# 101 PA	n to FIND C.		SA	
F/4 334)	8 Total		12	2 0
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	not serve as its own Re			n individual or
The name and the Florida street address	ess of the registered av	ent are:		
_	Re	NOLO	CoHen Circle	-
	N.	ame <b>2</b> 1 .	a 1	41 . 1
	17000 P	or to fine	) CIrcle	_ # / 0 /
F	lorida street address (P	l.O. Box <u>NOT</u> a	eceptable)	
_	Polm Be	epel be	romo 33	418
	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 am familiar with and accept the obligations of my position as registered gent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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### 18 JUL -2 AH 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA.

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Ronplo Cotten  17000 Pontufino Circle  Palm Beach Gargens Fla. 335		
(Use attachment if necessary)			
the date of filing.)	he applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	le & Coh		
This document is executed in I am aware that any false info constitutes a third degree felo	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.		
- RUN	ped or printed name of signee		
Ту	ped 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)
- \$ 5.00 Certificate of Status (Optional)