Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

# Food Ingredient Solutions LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Food Ingredient Solutions LLC

(Must contain the words "Limited Liability Company, "J. 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:

#### Malling Address:

951 NW 4th Court Boca Raton, FL 33432: 951 NW 4th Court Boca Raton, PL 33432

### 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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

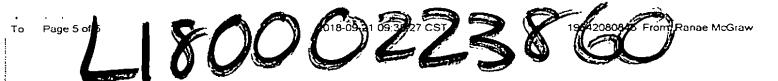
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of jny position as registered agent as provided for in Chapter 605, F.S.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title:   | Name and Address:   |
|--|---|
| "AMBR" - Authorized Member   |   |
| "MGR" - Manager  | •   |
| AMBR   | Jeff Greaves  |
|  | 951 NW 4th Court  |
|  | Boca Raton, FL 33432  |
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## FOOD INGREDIENT SOLUTIONS, INC. 951 NW 4<sup>th</sup> Court Boca Raton, FL 33432

June 24, 2018

Florida Department of State 500 South Bronough Street Tallahassee, Florida 32339

RE: Consent for Food Ingredient Solutions LLC to Utilize the Name Food Ingredient

Solutions (P04000050160)

Gentlemen:

This is to confirm that Food Ingredient Solutions LLC is authorized to use the name Food Ingredient Solutions LLC with the consent of the undersigned.

Very truly yours,

(a reave)
ERJENA GREAVES

President

Food Ingredient Solutions, Inc.

/eg

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