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| (Re                     | questor's Name)   |           |  |  |
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| (Cit                    | y/State/Zip/Phone | #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                     | siness Entity Nam | ne)       |  |  |
| (Document Number)       |                   |           |  |  |
| Certified Copies        | Certificates      | of Status |  |  |
| Special Instructions to |                   |           |  |  |
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19 JUL 12 PH 2:

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 840,009 AUTHORIZATION : C COST LIMIT : \$ 125.00 ORDER DATE : July 12, 2019 ORDER TIME : 9:46 AM ORDER NO. : 840009-005 CUSTOMER NO: 4305611 DOMESTIC FILING NAME: SEVEN ISLES CAPITAL FOOD INVESTMENTS LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

CORPORATION SERVICE COMPANY

## **COVER LETTER**

|                | ew Filing Section<br>ivision of Corporations   |
|----------------|--|
| SUBJECT        | Seven Isles Capital Food Investments LLC   |
| SCENE          | Name of Limited Liability Company  |
| The enclose    | ed Articles of Organization and fee(s) are submitted for filing.   |
| Please retur   | m all correspondence concerning this matter to the following:  |
|                | Vance E. Antonacci, Esquire  |
|                | Name of Person   |
|                | McNees Wallace & Nurick LLC  |
|                | Firm/Company   |
|                | 570 Lausch Lane, Suite 200   |
|                | Address  |
|                | Lancaster, PA 17601  |
| ,              | City/State and Zip Code<br>VAntonacci@mcneeslaw.com  |
| _              | E-mail address: (to be used for future annual report notification)   |
| For further in | formation concerning this matter, please call:   |
|                | Vance E. Antonacci 717 581-3701  |
|                | Name of Person Area Code Daytime Telephone Number  |
| Enclosed is    | a check for the following amount:  |
| \$125.00 Fil   | ling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations  |

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

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:               |                    |   |  |
|   |                           |                    |   |  |
| Seven Isles Capital   | Food Investments LL       | С                  |   |  |
|   |                           |                    | pany, "L.L.C.," or "LLC.")  |  |
|   |                           | _                  | , ,   |  |
| ARTICLE II - Address:   |                           |                    |   |  |
| The mailing address and street ad   | dress of the principal of | tice of the Li     | united Liability Company is:                                      |  |
| Principal Office Address:   |                           |                    | Mailing Address:  |  |
| 2328 Aqua Vista Blvd.   |                           |                    | 2328 Aqua Vista Blvd.   |  |
| Fort Lauderdale, FL 33301   |                           |                    | Fort Lauderdale, FL 33301   |  |
|   |                           |                    |   |  |
| ARTICLE III - Registered Ages<br>(The Limited Liability Company of<br>another business entity with an ad- | cannot serve as its own I | Registered A       | l Agent's Signature:<br>gent. You must designate an individual or |  |
| The name and the Florida street a   | ddress of the registered  | agent are:         |   |  |
|   | Paul B. DeAngelo          |                    |   |  |
|   |                           | Name               |   |  |
|   | 2328 Aqua Vista Blv       | /d                 |   |  |
|   | Florida street address    | (P.O. Box <u>N</u> | OT acceptable)  |  |
|   | Fort Lauderdale           | FL                 | 33301   |  |
|   | 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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Paul B. DeAngelo

(CONTINUED)

JUL 12 PM 2: 5

| "AMBR" = Authorize   | ed Member  | Name and Address:  |
|--|--|--|
| "MGR" = Manager<br>MGR   | _  | Paul B. DeAngelo 2328 Aqua Vista Blvd. Fort Lauderdale, FL 33301   |
|  | _  |  |
|  | _  |  |
| (Use attachment if nec   |  |  |
| CLE V: Effective date, if effective date is listed, thate of filing.)            | other than the date of filing the date must be specific and is block does not meet the | : (OPTIONAL) d cannot be more than five business days prior to or 90 days af applicable statutory filing requirements, this date will not be liste |
|  | in the Denortment of State <sup>1</sup>  |  |
| If the date inserted in the ocument's effective date of CLE VI: Other provisions | •  | 5 Toyotas.   |

Signature of a member 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.

Paul B. DeAngelo

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)

\$ 5.00 Certificate of Status (Optional)

) JUL 12 PM 2: 5