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COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: T#B governent Sauces 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: The Bowers Name of Person Firm/Company 10533 Mist Flower Lane Address Tampa FL 33647 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Theo Bowers Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:		
SUBJECT: T+B governent Saures 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: Theo Bowers Name of Person Firm/Company 10533 M; St Flower Lane Address Tampa FL 33647 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Theo Bowers Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:		
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Mailing Address

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

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ARTICLES OF ORGANIZATION FOR FLORIDA L	IMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Tab governet Sauces (Must conatin the words "Limited Liability Co	LLC. mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address	Mailing Address:

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:

Thro Bowers

Name

10533 Mist Flower lane

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

Tampa FL 33447

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)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M G R	Bryce Chapman 10533 mistraver lane Tampa EL 336417
MGR	Theo Bowers 10533 MistElover lane Tampa EL 33647
he date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exec I am aware that any fal	number or an authorized representative of a member, anted in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
Theol	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)