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1210000 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| - i | Doing so will generate another cover sheet. | |
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| To: | | Σ Σ |
| | Division of Corporations | A. 5. |
| | Fax Number : (850)617-6381 | <i>ပို့</i> အ |
| | . (838)017-0381 | ا اسا - ایدا |
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| *Enter | the email address for this business entity to be used for | future |
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FLORIDA LIMITED LIABILITY CO. SIERRA FOODS DISTRIBUTORS, LLC

| Certificate of Status | 1 | |
|-----------------------|----------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
| Estimated Charge | \$130.00 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: $\langle \cdot \rangle$ ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability SW16AVE MiAMI ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

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Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated learnin are true. 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

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

Agent's Sign