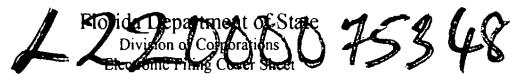
Division of Corporations



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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone

: (516)935-3940

Fax Number : (516)935-3088

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

Email Address:____MIKE@MATTHEWSANDNULTY.COM

FLORIDA LIMITED LIABILITY CO. SUN COAST DELIVERY LLC

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

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ζ.

H22000069159

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN COAST DELIVERY LLC

(Must end with the words "Limited Liability Company, "L.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:

Mailing Address:

4904 LOS ALTOS CIRCLE ELKTON, FL 32033 4904 LOS ALTOS CIRCLE

ELKTON, FL 32033

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:

GIOVANNA VERDONE

Name

4904 LOS ALTOS CIRCLE

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

ELKTON

FL 32033

City

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 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)

GIOVANNA VERDONE

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	GIOVANNA VERDONE	
	4904 LOS ALTOS CIRCLE	
	ELKTON, FL 32033	
		
		
		
(Use attachment if necessary)		
,	(OPTIONAL I-	
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