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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: A&D FOC	DDS, LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Frank E.	Marley, III, Esq.		
· · · · · · · · · · · · · · · · · · ·		lame of Person)	5 1
THE MARLEY FIRM			1555 P
	(F	Firm/Company)	TO T
			記に
6625 Miami	Lakes Drive, Suite 382		DI''
		(Address)	
Miam	Lakes, Flroida 33014		·
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Frank E. Marley, III, E	sq.	at (305 <u>)</u> 777-3832	•
	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
	-	☐ \$155.00 Filing Fee &	
□ \$125.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
STRF	ET ADDRESS:	MAILING A	DDRESS:
Regist	ration Section	Registration S	Section
	on of Corporations . Gaines Street	Division of Co P.O. Box 632	
	assee, Florida 32399	Tallahassee, F	Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
A&D FOODS, LLC				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1054 NORTH HIATUS ROAD PEMBROKE PINES, FLORIDA 33026	1054 NORTH HIATUS ROAD			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re-				
Frank E. Marley, III, Esq.				
Name	The state of the s			
6625 Miami Lakes Drive, Suite	382			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)			
Miami Lakes, Firoida 33014 City, State, a	nd 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 608, F.S.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DIANA ORTIZ
	1054 NORTH HIATUS ROAD
	PEMBROKE PINES, FLORIDA 33026
MGRM	SONIA GARCIA
	235 WEST 60 STREET
	HIALEAH, FLORIDA 33012
<u> </u>	
	P TO THE TOTAL PROPERTY OF THE
(Use attachment if necessary)	Ď.

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK E. MARLEY, III, ESQ.

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)