

L08000014197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

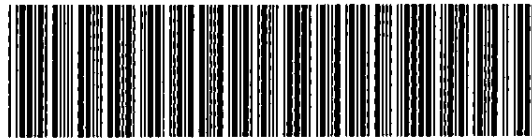
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
08 FEB - 8 AM 11:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 FEB - 8 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 8 2008

EXAMINER

Charter Number Only

2/7/08

MELNICK, LILIENTFELD ASSOC.

2070 NE 215 STREET  
MIAMI, FL 33180  
(305) 937-1040

VALIDATION ONLY

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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

KOSHER ORGANICS, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other - LLC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out



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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
08 FEB - 8 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kosher Organics, LLL

(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:**

c/o - Melnick, Lillianfeld & Assoc, CPA'S  
2670 NE 215th Street  
Aventura, FL 33180

c/o - Melnick, Lillianfeld & Assoc, CPA'S  
2670 NE 215th Street  
Aventura, FL 33180

**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.)

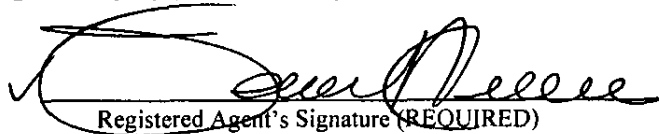
The name and the Florida street address of the registered agent are:

Sam Cuenca  
c/o - Melnick, Lillianfeld & Associates, CPA'S  
2670 NE 215th Street

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

Aventura FL 33180  
City, State, and 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 (REQUIRED)

(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

SAM CUENCA  
c/o- Melnick, Wilentz & Assoc, CPA's.  
2070 NE 215th Street  
Aventura, FL 33180

MGRM

Borel Simoes  
c/o- Melnick, Wilentz & Assoc, CPA's.  
2070 NE 215th Street  
Aventura, FL 33180.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

SAM CUENCA

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.)

[Handwritten Signature]  
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)