# L09000115154

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



000162708780

11/16/09--01021--009 \*\*130.00



S. HAWKES

NOV 1 7 2009

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2009

EDITH MENESES 11711 SW 123 AVE MIAMI, FL 33186

SUBJECT: PRECISION FOOD L.L.C.

Ref. Number: W09000050904

We have received your document for PRECISION FOOD L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

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Letter Number: 009A00035909

## **COVER LETTER**

	on Section f Corporations	
SUBJECT:	Pred	cision Food L.L.C.
	Name of Limit	ed Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this matt	ter to the following:
· · · · · · · · · · · · · · · · · · ·	E	dith Meneses
		Name of Person
<del> </del>	Prec	ision Food L.L.C.
		Firm/Company
**************************************	11711	SW 123 Avenue
		Address
		ni, Florida 33186
		y/State and Zip Code
	E-mail address: (to be used	isionfood@att.net for future annual report notification)
For further informat	tion concerning this matter, please	e cail:
	dith Meneses	_at (305)905-8505
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
\$125.00 Filing Fo	ee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

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

ANTICLES OF ONGAINZATION FOR	_
ARTICLE I - Name: The name of the Limited Liability Company	v is:
The name of the Emmod Emonity Compan.	
	000 050 405 LLO
	OOD SERVICE L.L.C.
(Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11711 SW 123 Avenue	11711 SW 123 Avenue
Miami, Florida 33186	Miami, Florida 33186
	#** *** *** *** *** *** *** *** *** ***
The name and the Florida street address of t	
Nam	<del></del>
11711 SW 12	22 AVENUE
Florida street address (P.C	
MIAMI, FL 33186	S. Dox NOT deceptable)
City, State,	FL and Zin
City, state,	and Lip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	It to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Panistand A and G	ignature (REQUIRED)
registered Agent 5 51	gnature (REQUIRED)

(CONTINUED)

### Page 1 of 2

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

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

VILIA - WANAUEE	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Curtis D. Marcano
	11711 SW 123 Avenue
	Miami, Florida 33186
	55
MGRM	Edith Meneses
	11711 SW 123 Avenue 70
	Miami, Florida 33186
(Use attachment if necessary)	
(Use attachment if necessary)	
	the date of filing: (OPTIONA)
LEV: Effective date, if other than if fective date is listed, the date mus	
LE V: Effective date, if other than	the date of filing: (OPTIONAL to be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	
LE V: Effective date, if other than fective date is listed, the date mus	
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	
LE V: Effective date, if other than flective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other than iffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days  the specific and the specific and cannot be more than five business days  the specific and the specific and
LE V: Effective date, if other than ifective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men	niber of an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other than iffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with of this document continue)	niber of an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury i herein are true.)  Edith Meneses
LE V: Effective date, if other than iffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with of this document continue)	niber of an authorized representative of a member.  n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury liberein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)