

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

A.C. FROZEN DISTRIBUTORS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I:**

The name of the Limited Liability Company is:

**A. C. FROZEN DISTRIBUTORS, L. L.C.****ARTICLE II-ADDRESS:**The mailing address and street address of the principal office of the Limited Liability  
Company is:**8055 N.W. 90<sup>TH</sup> STREET  
MEDLEY, FL 33166**00 MAR - 1 PM 11:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III-Registered Agent, Registered Office, & Registered  
Agent's Signature:**

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

**CARMEN DIAZ**

Name

**8290 N.W. 166 TERRACE**

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

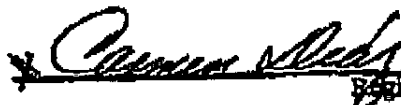
**MIAMI, FL 33016**

City, State, and Zip

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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.

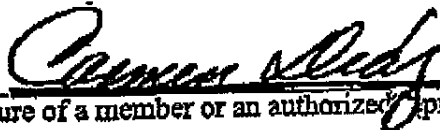


Registered Agent's Signature

**ARTICLE IV-Management (Check box if applicable)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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.).

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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