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Florida Department of State

Division of Corporations

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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

LIMITED LIABILITY COMPANY

el rey supermarket, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

001 MAR 28 PM 5:00

STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
EL REY SUPERMARKET, L.L.C.**

ARTICLE I. NAME

The name of the Limited Liability Company is El Rey Supermarket, L.L.C.

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 810 S.W. 12th Avenue Miami, Florida 33155

ARTICLE III. REGISTERED OFFICE AND REGISTERED AGENT

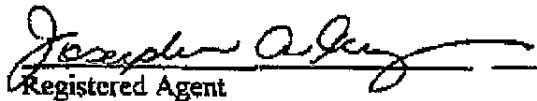
The name and the Florida street address of the registered agent are:

Joseph A. Cruz
13342 Meergate Circle
Orlando, Florida 32837

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 property 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.

ARTICLE IV. MANAGEMENT OF THE CORPORATION BY BOARD OF DIRECTORS

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


Registered Agent

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Dade County, Florida, for the uses and purposes aforesaid, this 24 day of March, 2000.



Prepared By:
Susana R. Gruening, Esquire
Fla. Bar No. 0747769
3191 Coral Way Suite 1005
Miami, Florida 33145
(305) 444-7442

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COUNTY CLERK
DADE COUNTY, FLORIDA

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STATE OF FLORIDA
COUNTY OF Miami-Dade

I hereby certify that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Dexter Quins to me well known to be the person (s) described herein or who has produced Driver License as identification and who executed the foregoing instrument and acknowledged before me that they executed the same freely and voluntarily.

Witness my hand and official seal in the County and State last aforesaid this 7 day of March, 2000.

Monne Montero

Notary Public State of Florida

My Commission Expires: _____



00 MAR 28 PM 5:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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