# Division of Corpor

## Florida Department of State

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Fax Number : (850)205-0383

From:

Account Name : BOARDMAN & SPILLER, P.A.

Account Number : 102350003270 : (239) 657-4418 Phone Fax Number

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## LIMITED LIABILITY COMPANY

### DAVID RODRIGUEZ & SONS GROCERY, LLC

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9/9/2004

#### ARTICLES OF ORGANIZATION

OF

#### DAVID RODRIGUEZ & SONS GROCERY, LLC

The undersigned members hereby certify that the undersigned members of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

#### CHARTER

#### ARTICLE I

#### NAME

The name of the limited liability company shall be DAVID RODRIGUEZ & SONS GROCERY, LLC

#### ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 1218 County Road 830-A, Felda, Florida 33930.

#### ARTICLE III

#### DURATION

This limited liability company shall exist until June 30, 2034, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

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SLUCTION THE STATE
TALLAHASSEE FLORIBA

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(239) 657-4418
Florida Bar No. 103581

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#### ARTICLE IV

#### MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the managing members are as follows:

David Rodriguez 1218 County Road 830-A Felda, Florida 33930

#### ARTICLE V

#### RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

#### ARTICLE VI

#### MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida, on September \_\_\_\_\_\_, 2004.

<del>\_\_\_\_\_,</del> \_ \_ · · ·

AVID RODRIGUEZ

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this  $\frac{9^{1/4}}{2}$  day of September, 2004, by DAVID RODRIGUEZ, who is personally known to me or who has produced a Florida Driver's License No.  $\frac{1}{100}$  As identification.

KERENSA M. PELLETIER
Commit 000011998

OTARY PUBLIC 2114

Name: Wensa M. Delle

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: <u>DAVID RODRIGUEZ & SONS GROCERY</u>, LLC
- 2. The name and address of the registered agent and office is:

DAVID RODRIGUEZ (Name)

1218 County Road 830-A (P.O. Box not acceptable)

Felda, Florida 33930 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

(Signature)

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