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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**99 cent plus groceries, llc**

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

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04 OCT 20 PM 4:07

DIVISION OF CORPORATIONS

04 OCT 20 AM 10:20

ARTICLES OF ORGANIZATION

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OF

99 Cents Plus Groceries, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I  
NAME

The name of this limited liability company is:  
99 Cents Plus Groceries, LLC

ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

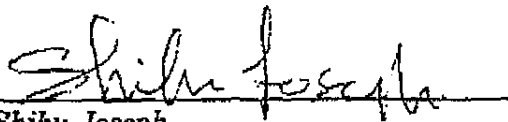
8572 NW 46<sup>th</sup> Drive  
Coral Springs, FL 33067

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE

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

Shibu Joseph  
8572 NW 46<sup>th</sup> Drive  
Coral Springs, Florida 33067

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.

  
Shibu Joseph  
Registered Agent

Prepared By: Ingrid M. Bachelor CPA  
License No. AC-0032360  
10235 West Sample Road  
Suite 205  
Coral Springs, FL 33065  
954-752-2758

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**ARTICLE IV  
MANAGEMENT**

*The limited liability company is to be managed by its members and is, therefore, a member-managed company.*

Shibu Joseph

**Name: Shibu Joseph**

**Title: Authorized Representative of the  
Members.**

*(In accordance with Section 608.408(3), Florida  
Statutes, the execution of this document constitutes  
an affirmation under penalties of perjury that the  
facts stated herein are true.)*

04 OCT 20 AM 10:20

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