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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Chef's Go	ourmet Distributors, LLC			
BODGECT.	(Name of Limite	d Liability Co	mpany)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for fi	iling.	
Please return all correspo	ondence concerning this matte	er to the follow	ing:	
Carlos Ar	maro			
	(1	Name of Person)	
Chef's Gourmet Distr				
	(1	Firm/Company)	1	
4752 S. W. 7	'4th Avenue, Bldg D			
		(Address)		
Miami	Florida 33155			
	(City/	State and Zip C	ode)	
For further information c	oncerning this matter, please	call:		
Carlos Amaro		at (305	, 495-6732	
(Name o	of Person)		Code & Daytime Te	elephone Number)
Enclosed is a check for	the following amount:			
☑ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ET ADDRESS: ation Section n of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of th	Name: le Limited Liability Co	ompany is:			
Chef's Gourmet	Distributors, LLC				
ARTICLE II - The mailing ad		ss of the principal office of the Limited Lial	oility Com	pany i	s:
Principal Offic	ce Address:	Mailing Address:			
4752 S.W. 74th Avenue, Building D Miami, Florida 33155		4752 S.W. 74th Avenue, Building Miami, Florida 33155	D		
	-	Registered Office, & Registered Agent's Seess of the registered agent are: Name	Signature:	.: 05 FEB 21	,
	4752 S.W. 74th Av	venue, Building D		P:1 સ	:
	Flor Miami	ida street address (P.O. Box <u>NOT</u> acceptable) FL 33155 City, State, and Zip		3: 18	
liability con registered agei statutes relat	npany at the place des nt and agree to act in t ing to the proper and c obligations of my posit	tent and to accept service of process for the accignated in this certificate, I hereby accept the bis capacity. I further agree to comply with tomplete performance of my duties, and I am tion as registered agent as provided for in Charles and I agent a	appointme he provisio familiar wi	ent as ons of a ith and	<i>all</i>

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Carlos Amaro
	1800 Sunset harbour Drive #1006
	Miami, Beach Florida 33139
(Use attachment if necessary)	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a n	nember or an authorized representative of a member.
(In accordance v	vith section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)
Carlos Amaro	
	Typed or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)