L05000071687

| (F | Requestor | s Name) | |
|--------------------------------------|----------------------|---------------|-----------------|
| <u> </u> | (ddress) | <u>-</u> | |
| (A | (ddress) | | |
| (0 | city/State/ | Zip/Phone ; | (f) |
| PICK-UP | | WAIT | MAIL |
| (E | Business E | Entity Name | e) |
| (C | ocument | Number) | |
| Certified Copies | _ c | ertificates o | of Status |
| Special Instructions to | o Filing O | fficer: | |
| Nam e Availabilit y | | | |
| Seeument Examiner | ⊅ ∵C Offic | e Use Only | |
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TILE DIE II

TRANSMITTAL LETTER

| TO: Registration Se Division of Co | | | | |
|--|---|--|--|---|
| SUBJECT: World Fo | | d Liability Company) | · · · · · · · · · · · · · · · · · · · | |
| | (Name of Limited | d Lizothly Company) | | |
| The enclosed Articles of | f Organization and fee(s) are su | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | |
| Yulia A S | Strekalova | | | |
| ************************************* | (t | Name of Person) | | |
| | | | | |
| | | | | |
| | q | Firm/Company) | | |
| | | | | |
| 2929 NW 2 | 1st TERR | | | |
| | | (Address) | | |
| | | | , | |
| Gaine | esville, FL 32605 | | | |
| | (City/ | State and Zip Code) | | |
| For further information | concerning this matter, please | call: | | |
| Yulia A Strekalova | | at (352) 359-2000 | | |
| | of Person) | (Area Code & Daytime T | elephone Number 2 | |
| Enclosed is a check for | or the following amount: | | DS JUL ECRETA | T |
| Ø \$125.00 Filing Fee | □ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is emplosed) | |
| STRE | CET ADDRESS: | MAILING A | DDRESS: | |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Comp | cany is: |
|--|--|
| World Food Store LLC | |
| ARTICLE II - Address: | e Cale a unit a cita de la GC con a Cale a Trimite a de la labellata. Comunicación |
| The maining address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2929 NW 21st TERR | 2929 NW 21st TERR |
| Gainesville, FL 32605 | Gainesville, FL 32605 |
| · · · · · · · · · · · · · · · · · · · | |
| ARTICLE III - Registered Agent, Rep | gistered Office, & Registered Agent's Signature: |
| The name and the Blood of street address | afthy magistaned agent one. |
| The name and the Florida street address | of the registered agent are: |
| Yulia A Strekalova | Name |
| | ivante |
| 2929 NW 21 TERR | Harris (D.C. Davidor and LL) |
| | street address (P.O. Box NOT acceptable) |
| Gainesville, | FL 32605 y, State, and Zip |
| | |
| <u> </u> | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as |
| | capacity. I further agree to comply with the provisions of all |
| | plete performance of my duties, and I am fatilliar with and |
| accept the obligations of my position | as registered agent as provided for in Chapter 608, F.S. |
| 11 | ASS |
| | d Agent's Signature |
| Acegistere | a Agein a Signature |
| | Z: 1 GRH |

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

| The name and address o | each Manager or Managing Member is as follows: | |
|--|---|----------|
| Title: "MGR" = Manager "MGRM" = Managing l | Name and Address: | |
| MGRM | Yulia A Strekalova | |
| | 2929 NW 21st TERR | |
| | Gainesville, FL 32605 | |
| MGRM | Inna N Mitryukhina | |
| | 1324 NW 16th Ave Apt #44 | |
| | Gainesville, FL 32605 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if neces | sary) | |
| NOTE: An additional REQUIRED SIGNAT | article must be added if an effective date is requested. | |
| • | | |
| | SI- | |
| Signat | re of a member or an authorized representative of a member. | |
| of this | ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury me facts stated herein are true.) | |
| Yulia | A Strekalova | 3 |
| , | Typed or printed name of signee | rī ⊐ī |
| Filing Fees: | ASS | = |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)