

06 0000 14 151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

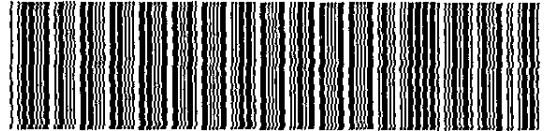
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900065252669

02/06/06--01066--012 **125.00

FILED

06 FEB -5 PM 1:46

SLC STATE
CIVIL 020A

2/14
Cust

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: bare foot gourmet market LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Pineda
(Name of Person)

bare foot gourmet market
(Firm/Company)

252 Ardice Ave #320
(Address)

Eustis, FL 32726
(City/State and Zip Code)

SECRET
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

06 FEB -5 PM 1:46

FILED

For further information concerning this matter, please call:

Bonnie Pineda at (321) 277-5415
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

base foot gourmet market LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13491 Early Frost Circle
Orlando, FL 32828

Mailing Address:

252 Ardice Ave
#320
Eustis, FL 32726

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Frances L. Christian
Name

1314 Old Mt. Dora Rd
Florida street address (P.O. Box **NOT** acceptable)

Eustis FL 32726
City, State, and Zip

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..

Frances Christian
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

06 FEB -6 PM 1:46

FILED

SECRET
STATE
OF FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sandra Vidal
13491 Early Frost Circle
Orlando, FL 32828

MGR

Bonnie S. Pineda
1314 Old Mt Dora Rd
Custis, FL 32726

MGRM

Eddie Vidal
13491 Early Frost Circle
Orlando, FL 32828

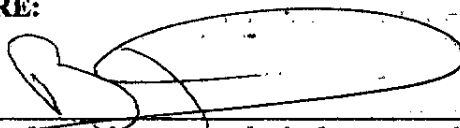
MGRM

David Pineda
1314 Old Mt Dora Rd
Custis, FL 32726

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/31/06 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

Bonnie S. Pineda
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)

FILED
06 FEB - 6 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA