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(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: LA FORTUNA LATIN MARKET & Deli	
(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:	
FRANCISCA & EDGAR WONG & SR (Name of Person)	
LA FORTUNA LATIN MARKET & Deli (Firm/Company)	-
2 0	
·4324 NW 36th Street	
~ ~ ~ ~	
GAINESVIILE FLORIDA 32605 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
FRANCÈSCA OREDEAR WOND at 352 371-6499_252-57424. (Name of Person) (Area Code & Daytime Telephone Number)	2,
Enclosed is a check for the following amount:	
\$\text{\$125.00 Filing Fee}\$ \$\text{\$130.00 Filing Fee} & \$	

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.	<u>-</u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Comp	any is:
Principal Office Address: Mailing Address:		
125 NW 23 ad AUR 4324 NW 36 H GAINESUITE FLORIDA GAINESUITE FL 33 32605	1 S. 160.	tre
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: EDGAR FERNANDO WOND JR. Name 4324 NW 3614 Street Florida street address (P.O. Box NOT acceptable) 6AINOSUILO FL 32605 City, State, and Zip	2006 APR 24 AM 9:51	SECRETARY OF SIATE OIVISION OF A HE REALENS
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appo		

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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

5-18-0G

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	FRANCISCA WOND 4324 NIW 36 th OSTREE CAMMESUITE FL 32605
MERIN.	EDEARY WOND 4324 NW 36 At STREE GAINESUILLE FL 32605
	<u> </u>
effective date is listed, the date r	han the date of filing: <u>MAY 18 66</u> . (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is	han the date of filing: <u>NAY 18 66</u> . (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) REQUIRED SIGNATURE: Figure 2	must be specific and cannot be more than five business days - a Worro —
CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) REQUIRED SIGNATURE: Figure 5 Signature of a (In accordance of this document that the facts	must be specific and cannot be more than five business days

\$125.00 Filing Fee for Articles of Organization and Designation

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