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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  
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

circle j food stores, llc

Certificate of Status	0
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③

ARTICLES OF ORGANIZATION  
OF

A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

CIRCLE J FOOD STORES, LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

222 189 STREET  
SUNNY ISLES BEACH FLA 33160

222 189 STREET  
SUNNY ISLES BEACH FLA 33160

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

JALAL ELHIDMI  
(NAME)

222 189 STREET  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

SUNNY ISLES BEACH FLA 33160  
CITY, STATE, AND ZIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

JL Elhimi  
REGISTERED AGENT SIGNATURE

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**ARTICLE IV - MANAGEMENT/MEMBER(S):**

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

Title:

Name and address:

MGR= Manager

MGR= JAMAL HIDMI

222 189 STREET SUNNY ISLES BEACH FLA. 33160.

MGR= JALAL ELHIDMI

222 189 STREET SUNNY ISLES BEACH FLA. 33160.

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**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.)

JALAL ELHIDMI

Typed or printed name of signer

SECRETARY OF STATE  
JALAL/SS/EE FLORIDA

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