

**W060000 93067**

Florida Department of State  
Division of Corporations  
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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  
 Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 SEP 21 AM 9:19

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**D & B FOOD COMPANY, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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*al*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & B Food Company, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

3931 NW 96 Avenue  
Cooper City, FL 33024

Mailing Address:

3931 NW 96 Avenue  
Cooper City, FL 33024

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

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

Metin Basaran  
Name

3931 NW 96 Ave.

Florida street address (P.O. Box NOT acceptable)

Cooper City FL 33024

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.*

Metin Basaran

Registered Agent's Signature

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Metin Basaran</u> <u>3931 NW 96 Ave.</u> <u>Cooper City, FL 33024</u>
<u>MGRM</u>	<u>Kanan Donmez</u> <u>3931 NW 96 Ave.</u> <u>Cooper City, FL 33024</u>
_____	_____
_____	_____

AUG SEP 21 AM 9:19  
 COUNTY OF ST. JAMES  
 CLERK OF COUNTY

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Metin Basaran  
 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.)  
Metin Basaran  
 Typed or printed name of signer

- 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)

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