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SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

TO:

Registration Section

Division of Corpo	orations			
SUBJECT: EUROF	PEAN FOOD MAR	RKET & DELI, LLC		
	(Name of Limited	l Liability Company)		
The enclosed Articles of C	Organization and fee(s) are su	abmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
MALGOR7	ATA PYDA			
WW (LOOT L		Name of Person)		
			O7	
	(Firm/Company)	U U U	
15900 95TH AVENUE NORTH				
		(Address)	F 1 08	
JUPITER, FL 33478				
(City/State and Zip Code)				
For further information co	ncerning this matter, please	call:		
MALGORZATA	PYDA	_{at (} 561) 745-92	61	
(Name of		(Area Code & Daytime T		
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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
EUROPEAN FOOD MARKET & DELI, LL	С
(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 pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
15900 95TH AVENUE NORTH	15900 95TH AVENUE NORTH
JUPITER, FL 33478	JUPITER, FL 33478
	52
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Register address of	red Agent. You must designate an individual or another
Name	
15900 95TH AVENUE, I	NORTH
	ress (P.O. Box NOT acceptable)
JUPITER	FL 33478
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of alformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MALGORZATA PYDA 15900 95TH AVENUE NORTH JUPITER, FL 33478 **MGRM** JACEK ZIELINSKI 15900 95TH AVENUE NORTH JUPITER, FL 33478 (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Typed or printed name of signee

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

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)