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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
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

red zone food mart, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Zone Food Mart, LLC.

Form and with the words "Limited Liability Company," "LLC," or "LLC."

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9904 SW Highway 200
Ocala, FL 34481

9904 SW Highway 200
Ocala, FL 34481

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:

Maria Garcia

Name

9904 SW Highway 200

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

Ocala

FL 34481

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.

X Maria Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Tides

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGRM

Maria Garcia

1710 SW 109th Place, Apt. 9

Ocala, FL 34478-2200

MGRM**Yosiris Diaz**

1710 SW 109th Place, Apt. 3

Ocala, FL 34476-2200

MGR

Jose Ramon Tavaroz

1710 SW 109th Place, Apt. 3

Ocala, FL 34476-2200

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

X Maria Garcia

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.)

Maria Garcia

Typed or printed name of signer

Flying Bees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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