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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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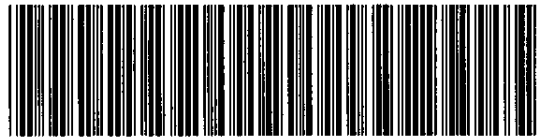
(Business Entity Name)

(Document Number)

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Effective Date

01/06/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 11 PM 3:06

T. Hampton

IAN 24 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Conchita's Snacks + Munchies, LLC  
(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:

Jennifer Zavala  
(Name of Person)

Conchita's Snacks + Munchies LLC  
(Firm/Company)

1404 Ponce De Leon Prado  
(Address)

Ft. Pierce FL 34982  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Zavala at ( 772 ) 946-1802  
(Name of Person) (Area Code & Daytime Telephone Number)

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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2008

JENNIFER ZAVALA  
1404 PONCE DE LEON PRADO  
FT PIERCE, FL 34982

SUBJECT: CONCHITA'S SNACKS & MUNCHIES LLC  
Ref. Number: W08000002029

RECEIVED  
08 JAN 23 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CONCHITA'S SNACKS & MUNCHIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 11, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 008A00002760

Effective Date

01/06/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Conchita's Snacks & Munchies LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1404 Ponce De Leon Prado

Fort Pierce, FL 34982

**Mailing Address:**

1404 Ponce De Leon Prado

Fort Pierce, FL 34982

**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:

Jennifer Zavala

Name

1404 Ponce De Leon Prado

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

Fort Pierce, FL 34982<sub>FL</sub>

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.*

Jennifer Zavala  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 11 PM 3:06

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Jennifer Zavala

1404 Ponce De Leon Prado

Fort Pierce, FL 34982

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~1/1/08~~ 1/6/08 (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:**

  
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.)

**Jennifer Zavala**

Typed or printed name of signee

**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)**