

208000092110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900136082619

09/26/08--01019--011 **125.00

FILED
2008 SEP 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WALID BEIK AND ABUELO CREAMERY**

(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:

RABIH EL-JOURDI

(Name of Person)

(Firm/Company)

21078 S.W. 89 PATH

(Address)

CUTLER BAY, FL 33189

(City/State and Zip Code)

For further information concerning this matter, please call:

RABIH EL-JOURDI

(Name of Person)

at (305) 310-3872

(Area Code & Daytime Telephone Number)

2008 SEP 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALID BEIK AND ABUELO CREAMERY 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:

21078 S.W. 89 PATH
CUTLER BAY, FL 33189

Mailing Address:

21078 S.W. 89 PATH
CUTLER BAY, FL 33189

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 other business entity with an active Florida registration.)

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

RABIH EL-JOURDI

Name

21078 S.W. 89 PATH

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

CUTLER BAY, FL 33189

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.



Registered Agent's Signature (REQUIRED)

FILED
2008 SEP 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

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:

MGRM

RABIH EL-JOURDI

21078 S.W. 89 PATH

CUTLER BAY, FL 33189

MGRM

BETSY EL-JOURDI

21078 S.W. 89 PATH

CUTLER BAY, FL 33189

MGRM

JULIAN VARGAS

14880 S.W 60 ST

MIAMI, FL 33189

(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:



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.)

RABIH EL-JOURDI

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)

FILED
2008 SEP 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA