# L09000/6728

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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S. HAWKES
FEB 0 4 2009
EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2009

ANTHONY ESCOBEDO 7381 SW 34ST RD MIAMI, FL 33155

SUBJECT: ANDINAFOODS LLC Ref. Number: W09000005508

We have received your document for ANDINAFOODS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

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Letter Number: 609A00004058

# **COVER LETTER**

TO:	Registration Son Division of Con		•					
SUBJI	ect.	Andear	n Foods LLC	<b>;</b>				
301101	sc1.	(Name of Limit	ted Liability Compan	y)				
The en	closed Articles of	Organization and fee(s) are	submitted for filing.					
Please	return all correspo	ondence concerning this mat	ter to the following:					
	Anthony E	scobedo						
		•	(Name of Person)					
	Andean Fo	oods LLC						
(Firm/Company)								
7381 sw 34 st rd								
	(Address)							
	Miami, FI 3	33155	•					
	· ·	(Cir	ty/State and Zip Code)		· · · · · · · · · · · · · · · · · · ·			
For fur	ther information o	oncerning this matter, pleas	e call:					
Anth	ony Escob	edo	_at (_305)	775-535	2			
(Name of Person)		(Area Code &	& Daytime Tele	phone Number)				
Enclos	sed is a check for	r the following amount:	·					
<b>□</b> \$125.	00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy (additional copy is	,	\$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	Registration Division of Clifton Bui 2661 Execu	Corporations				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY .

ARTICLE I - Name:	•	• •
The name of the Limited Liability Comp	any is:	型品 30 一个
		FEB 18 PH
Andean Foods LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	55.7. 00 V
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	والمؤاشر
_	• •	
Principal Office Address:	Mailing Address:	a de la companya de
7381 sw 34 st rd	7381 sw 34 st rd	
miami, fl 33155	miami, fl 33155	
		<del></del>
The name and the Florida street address of A	of the registered agent are: nthony Escobedo	
	Name	
7	7381 sw 34 st rd	
Florida s	street address (P.O. Box <u>NOT</u> acceptable)	
r	miami, <sub>FL</sub> 33155	
	, State, and Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position.	nted in this certificate, Thereby accept capacity. I further <del>agree to c</del> omply we plete performance of my duties, and it as registered agent as provided for it	ot the appointment as with the provisions of all I am familiar with and
Registered Agent'	's Signature (REQUIRED)	

(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:

"MGRM" = Managing Member	Name and Address:	
MGR	Anthony Escobedo	
<del> </del>	7381 sw 34 st rd	_
•	miami, fl 33155	<del></del>
············		09 FE
·		18 PN 12:
· · · · · · · · · · · · · · · · · · ·		D: 1
(Use attachment if necessary)  [CLE V: Effective date, if other than the	e date of filing: (OPTI	
effective date is listed, the date must l		so uayo p
effective date is listed, the date must lead of filing.)  REQUIRED SIGNATURE:	A	ss uays p
effective date is listed, the date must lead of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with secondance)	per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	ss uays p

### 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)