

L09000043022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

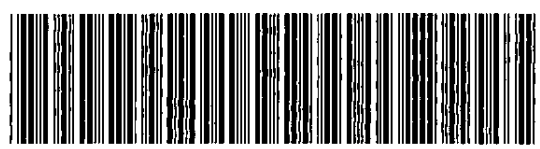
(Document Number)

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Special Instructions to Filing Officer:

W09000018743

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04/20/09--01039--025 **160.00

FILED
09 MAY -5 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 05 2009

EXAMINER

EFFECTIVE DATE **4/20/09**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FRESH & TASTY GREEN FOODS SUPPLIER**
(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:

Llewlyn Clarke

(Name of Person)

FRESH & TASTY GREEN FOODS SUPPLIER

(Firm/Company)

4631 NW. 31 AVE SUIT 294

(Address)

Fort Lauderdale FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Llewlyn Clarke

(Name of Person)

at (

754 - 264 4001
754-264-4001

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

May 4, 2009

LLEWLYN CLARKE
4631 NW 31 AVE SUITE 294
FORT LAUDERDALE, FL 33309

SUBJECT: FRESH & TASTY GREEN FOODS SUPPLIER
Ref. Number: W09000018743

We have received your document for FRESH & TASTY GREEN FOODS SUPPLIER and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 909A00014979

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRESH & TASTY GREEN FOODS SUPPLIER, 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:

4631 NW 31st AVE SUIT 294
FORT LAUDERDALE FL 33309

Mailing Address:

4631 NW 31st AVE SUIT 294
FORT LAUDERDALE FL 33309

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:

Llewlyn Clarke

Name

3901 South Ocean DR 2K

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

Hollywood FL 33019

City, State, and Zip

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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..

L Clarke
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

4/30/09

(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:

LLEWLYN CLARKE *P*

4631 NW 31st AVE Suit # 294

Fort Lauderdale FL 33309

Obrian Morris *VP*

4631 NW 31st AVE Suit 294

Fort Lauderdale FL 33309A

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 30, 2009. (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:

L Clarke

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.)

Llewlyn Clarke

Typed or printed name of signee

FILED
09 MAY -5 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)**