

LD90000 64816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

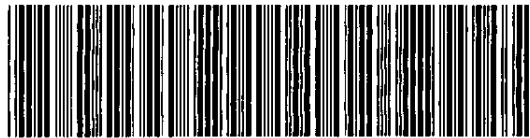
(Document Number)

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07/06/09--01032--010 \*\*160.00

EFFECTIVE DATE 7/1/09

FILED  
09 JUL -6 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 8 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Careme's Market, 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:

~~Dan Gonzalez~~  
Name of Person

*DANIEL GONZALEZ*

**Careme's Market, LLC**  
Firm/Company

**29634 Allegro Drive**  
Address

**Wesley Chapel, FL 33543**  
City/State and Zip Code

**headtoro@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dan Gonzalez**  
Name of Person

at ( **813** ) **244-1465**  
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

**EFFECTIVE DATE** 7/1/09

**FILED**  
JUL - 6 AM 8:15  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/1/09

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Careme's Market, 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:**

16319 Florida Avenue  
Lutz, FL 33549

**Mailing Address:**

29634 Allegro Drive  
Wesley Chapel, FL 33543

**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:

Daniel  
Don Gonzalez

Name

29634 Allegro Drive

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

Wesley Chapel, 33543 FL

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..*

Daniel Gonzalez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Gary Wolverton

101 Eagle Ridge Drive

Alto, NM 88312

MGR

William Wiener

2814 Sudderth Dr. #413

Ruidoso, NM 88345

MGRM

*Daniel*

Dan Gonzalez

29634 Allegro Drive

Wesley Chapel, FL 33543

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 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:**



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.)

William Wiener

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)