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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

MAY - 6 2010

EXAMINER



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SECRETARY OF SEATIONS

COVER LETTER

TO: Registration	Section Corporations		
Division of C	portuniono		
SUBJECT: OCAL	FOOD GROUP, LLC		_
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
BERK OCA	L		
		Name of Person	
OCAL FOOI	D GROUP, LLC		
		Firm/Company	
8216 BREE	ZE COVE LANE		
		Address	
ORLANDO,	FL 32819		
,		y/State and Zip Code	
BERKOCAL	@YAHOO.COM		
	E-mail address: (to be used	for future annual report notification)	
For further informatio	n concerning this matter, please	e call:	
BERK OCAL		at (561) 704-6478	
Nam	e 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	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	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:			
OCAL FOOD	GROUP, LLC				
		ls "Limited Liability (Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addr		lress of the princ	ipal office of the Limited Liab	ility Comp	any is:
Principal Office	Address:	<u>N</u>	Mailing Address:		
8216 BREEZE COVE	LANE		216 BREEZE COVE LANE		
ORLANDO, FL 32819		<u>C</u>	RLANDO, FL 32819		
(The Limited Liability business entity with a	Company cannot serve in active Florida registrate Florida street ad	as its own Registered ation.)	ffice, & Registered Agent's S Agent. You must designate an individual	al or another	DIVISI
	BERK OCAL	Name		MAY -4	· 关於 名類。
	8216 BREEZI	E COVE LANE			
	F	lorida street address	(P.O. Box NOT acceptable)	:ZIHA	3.3
	ORLANDO		L 32819	: 28	
liability comp registered agent statutes relating	oany at the place do and agree to act in g to the proper and	esignated in this n this capacity. I d complete perfor	and Zip ept service of process for the ab certificate, I hereby accept the of further agree to comply with the mance of my duties, and I am for ed agent as provided for in Cha	appointmen se provision amiliar with	t as s of all h 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:

		Name and Address:
"MGR" = Mar $"MGRM" = M$	nager Ianaging Member	
	ranaging Member	
MGRM		BERK OCAL
		8216 BREEZE COVE LANE
		ORLANDO, FL 32819
···		
	nt if necessary)	
(Use attachmen		
	va data ifathan than the	data of fillians (ODTIONIAL)
CLE V: Effective	ve date, if other than the	e date of filing: (OPTIONAL)
CLE V: Effective	listed, the date must b	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
CLE V: Effective	listed, the date must b	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date is 0 days after the	listed, the date must b date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
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CLE V: Effective date is 0 days after the	listed, the date must b date of filing.) SIGNATURE:	e specific and cannot be more than five business days p
CLE V: Effective date is 0 days after the	listed, the date must b date of filing.) SIGNATURE:	e date of filing: (OPTIONAL) see specific and cannot be more than five business days p er or an authorized representative of a member.
CLE V: Effective date is 0 days after the	listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury
CLE V: Effective date is 00 days after the	listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with see of this document const	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury

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)