Division of Corporations **Electronic Filing Cover Sheet**

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(((H110000913143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. L&E FOODS LLC

Certificate of Status 1 Certified Copy 0 Page Count 03 **Estimated Charge** \$130.00

T. HAMPTON

APR - 8 2011

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LS.E Foods LLC (Must end with the words "Limited Liabi	
(Must end with the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
83055W WZAUE #A108 Miami, Fl 33193	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrusiness entity with an active Florida registration.)	l Office, & Registered Agent's Signature: nered Agent. You must designate an Individual or another
The name and the Florida street address of the	
Edel Corral	cs
<u>8305 en 157</u>	dress (P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
<u>Miami</u>	FL 33193
City, St	ate, and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
	9
Registered Agent's Signa	ture (REQUIRED)
	7 2E 2
(CONTIN	TUED)
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u>Title:</u> "MGR" = Manager Name and Address:

MGRM	Edel Corrale	AUE
	Miami, Fl 3	3/93
		
		····
(Use attachment if necessary)		
LE V: Effective date, if other that Yective date is listed, the date mu		(OPTIONAL) ore than five business days prior

ARTIC (If an el to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

"MGRM" = Managing Member

Mber 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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