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11 MAY - 3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 6 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PABLO MOREIRA FRUITS & VEGETABLES L.L.C
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:

PABLO MOREIRA
Name of Person

PABLO MOREIRA FRUITS & VEGETABLES L.L.C
Firm/Company

2450 E. HILLSBOROUGH AVE: SUITE 111
Address

TAMPA, FL 33610
City/State and Zip Code

FRUITSANDVEGETABLE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO MOREIRA at (813) 323-8561
Name 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

☐ \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PABLO MOREIRA FRUITS & VEGETABLES 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:

2450 E HILLSBOROUGH
AVE: SUITE 111
TAMPA, FL 33610

Mailing Address:

P.O. BOX 11562
TAMPA, FL 33680

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:

PABLO MOREIRA
Name
2450 E. HILLSBOROUGH AVE.
Florida street address (P.O. Box **NOT** acceptable)
TAMPA, FL 33610
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

MGR

PABLO MOREIRA
2450 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

MGRM

PAOLO ANDRÉ MOREIRA
2450 E HILLSBOROUGH AVE. STE. 1
TAMPA FL 33610

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SHERIFF'S OFFICE
JAIL/HASSEL, FLORIDA

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. 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.)

PABLO MOREIRA
Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)