

L120000 5317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12-17562

A. LUNT

APR 19 2011

EXAMINER

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03/27/12--01010--006 \*\*125.00

FILED  
2012 APR 18 PM 4:49  
SECRETARY OF STATE  
BULLHOSSE, MISSOURI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2012

PARTHENIA KOUKOULARIS  
88 HIGHVIEW DRIVE  
WOODLAND PARK, NJ 07424

SUBJECT: SOY GOOD FOR YOU, LLC  
Ref. Number: W12000017562

We have received your document for SOY GOOD FOR YOU, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 312A00010460

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOY GOOD FOR YOU

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:

PARTHENIA KOUKOULARIS

Name of Person

SOY GOOD FOR YOU

Firm/Company

88 HIGHVIEW DRIVE

Address

WOODLAND PARK, NJ, 07424

City/State and Zip Code

SERVICE@SOYGOOD4U.COM

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

For further information concerning this matter, please call:

PARTHENIA KOUKOULARIS

Name of Person

at ( 561 ) 929-1169

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

2012 APR 18 PM 12:43  
TALLAHASSEE, FL 32301  
FILING

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**SOY GOOD FOR YOU, 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:

### Mailing Address:

1233 SE 8TH STREET

Deerfield Beach, FL  
33441

1233 SE 8TH STREET

Deerfield Beach, FL  
33441

## 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:

**PARTHENIA KOUKOULARIS**

Name

**1233 SE 8TH STREET**

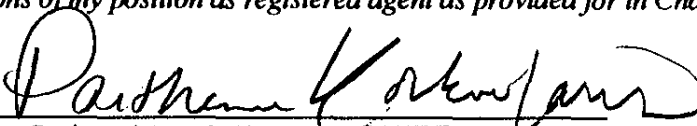
Florida street address (P.O. Box **NOT** acceptable)

**DEERFIELD BEACH FL**

City, State, and Zip

FILED  
2012 APR 18 PM 4:49  
CLERK OF COURT  
HALL COUNTY, 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)

**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:**

~~SELF~~

MGR


Parthenia Koukoularis  
1233 SE 8th St  
Deerfield Beach, FL 33441

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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. 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.)

**PARTHENIA KOUKOULARIS**

Typed or printed name of signer

**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)**