

L12000127986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 8 2012

EXAMINER



600240181316

10/05/12--01014--004 **125.00

EFFECTIVE DATE

10/2/2012

FILED
12 OCT -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

EFFECT

DATE 10/2/2012

TO: Registration Section
Division of Corporations

SUBJECT: CORNUCOPIA Whole Foods, 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:

DANIEL BRYAN
Name of Person

CORNUCOPIA Whole Foods, LLC.
Firm/Company

790 E. EAU GALLIE Blvd.
Address

INDIAN HARBOUR BEACH, FL 32937-4901
City/State and Zip Code

ACME.3212234877@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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12 OCT -5 PM 1:02
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DANIEL BRYAN at (321) 223 4877
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

EFFECTIVE

10/2/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cornucopia Whole Foods, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT -5 PM 4:02

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

790 E. EAU GALLIE Blvd.
INDIAN HARBOUR BEACH, FL
32937-4901

Mailing Address:

790 E. EAU GALLIE Blvd.
INDIAN HARBOUR BEACH, FL
32937-4901

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:

Terry Lee Wilson

Name

3246 Haddon Ave NE

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

Patuxent Bay

(FL) 32905

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..

Terry Lee Wilson

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:

MGR

DANIEL BRYAN
3246 HADDON AVENUE N.E.
PALM BAY, FL 32905

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/2/2012. (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:

Daniel Bryan
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.)

DANIEL BRYAN
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)