

L14000023315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

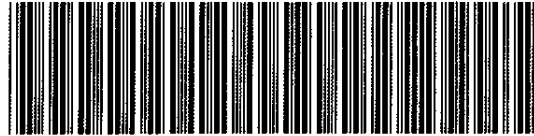
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
JULIA M. HARRIS

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10:24:00 AM
SUFFOLK COUNTY, MASS.
CLERK OF COURT

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WALK IN

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2-10-14



CERTIFIED COPY



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CUS



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LLC

1.

Chocovip LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

2014 FEB 10 AM 9:32

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

CHOCOVIP LLC

ARTICLE II.

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

217 NE 32nd Court

Ft Lauderdale FL 33334

The mailing address of the Limited Liability Company is:

217 NE 32nd Court

Ft Lauderdale FL 33334

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent are:

ZSUZANNA JUHASZ

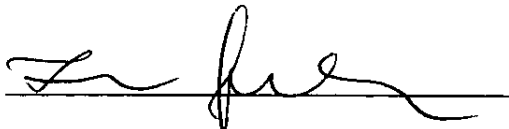
217 NE 32nd Court

Ft Lauderdale FL 33334

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FORT LAUDERDALE, 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 605, F.S..



Registered Agent's Signature

02/05/14

Date:

ARTICLE V

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

Name and Address:

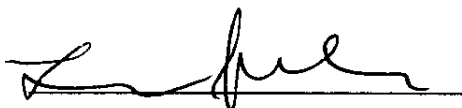
Title:

ZSUZSANNA JUHASZ

MGRM

800 Parkview Drive Apt 628

Hallandale FL 33009



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PANAJOTIDISZ NIKOSZ

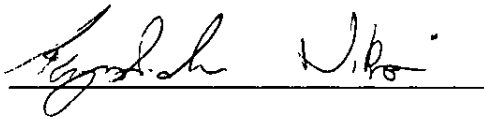
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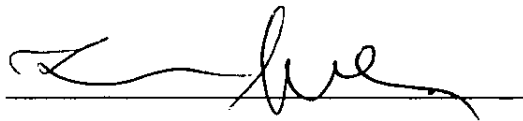
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HUNGARY



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In accordance with section ~~65.023(1)~~^(b) 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.



02/05/14

Signature of a member or an authorized representative of a member.

Suzsanna Juhasz

02/05/14

Typed or printed name of signee

Date