L14000152557

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000229464 3)))

H140002294643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

FILED
14 SEP 30 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.
FOOD FIRST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

81812

RECEIVED
14 SEP 30 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

OCT - 1 2014
T. BROWN
9/30/2014

(3)

H14000284604

FILED
14 SEP 30 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
FOOD FIRST, LLC

ARTICLE I – NAME

The name of the limited liability company is Food First, LLC. ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
201 S. Biscayne Blvd., Suite 2800
Miami, Florida 33131

Mailing Address:
201 S. Biscayne Blvd., Suite 2800
Miami, Florida 33131

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

D. Ross Bridger, Esq.
80 SW 8th Street, Suite 2000
Miami, Florida 33130

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.

D. Ross Bridger, Esq.

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"MGR" = Manager "AMBR" = Authorized Member	
MGR	Sandra Fabbrini 201 S. Biscayne Blvd., Suite 2800 Miami, Florida 33131

REQUIRED SIGNATURE:

Green Palm Settlement, a Bahamian Trust

BY: THE PRIVATE TRUST CORPORTION LIMITED

By: _____
Charlene H. Storr & Sherrill S. Rodgers
[PRINT NAME AND TITLE]

2nd Floor Charlotte House
Charlotte Street
Nassau, Commonwealth of the Bahamas

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

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Green Palm Settlement, a Bahamian Trust
Typed or printed name of signer