## 11400/64555

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
<b>(</b>	,	
(Cit	ty/State/Zip/Phone	#)
	<b>—</b>	<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
·	•	
/Da	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Ciling Officer	1
Special instructions to	Filing Officer.	

Office Use Only



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10/20/14--01043--011 \*\*130.00



OCT 22 2014 D. BRUCE

## **COVER LETTER**

TO: Registration of	n Section Corporations				
SUBJECT: BRUC	E MINI MARKET LLC Name of Lin	nited Liability Company	<u>.</u>		
	s of Organization and fee(s) as	•			
	FUNE AMBROISE	Name of Person			
<u>BRUCE</u>	MINI MARKET LLC	Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del></del>	
<u>5630 3</u> F	RD AVE	Address			
KEY WE	EST, FL. 33040	ity/State and Zip Code	-		
<u></u>	E-mail address: (to be use	d for future annual report notifica	ation)	ALL AH	2014 OCT 20
	on concerning this matter, ple			_ : ۲۱ٔ	20 P
<u>LAFORTUNE AME</u> Na	at () me of Person		lephone Number	JE STATE; FLORIDA	<u>ب</u> (إ
Enclosed is a check f	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 Certificate of S Certified Copy (additional copy is	tatus &	
<u>M</u> :	alling Address	Street/Courier Add	<u>ress</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
BRUCE MINI MARKET LLC		
(Must end with the words "Limite	ed 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:	
5630 3RD AVE KEY WEST, FL. 33040	5630 3RD AVE KEY WEST, FL. 33040	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati	vn Registered Agent. You must designate an individual of	or
The name and the Florida street address of the registere	ed agent are:	
LAFORTUNE AMBROISE		
Nam	ne	
5630 3RD AVE	Fig.	21
Florida street address (P.O. Bo	ox NOT acceptable)	=
KEY WEST,	FL 33040	90
City	Zip ∯≂	8
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability concept the appointment as registered agent and agree to act as of all statutes relating to the proper and complete perforbligations of my position as registered agent as provided apter 605, F.S	in this

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
PRESIDENT	LAFORTUNE AMBROISE
	F14 CROSS ST KEY WEST, FL. 33040
VICE PRESIDENT	SOLINE PIERRE-LOUIS
	F14 CROSS ST
	KEY WEST, FL. 33040
(Use attachment if necessary)	
•	e of Sling: (OPTIONAL)
EV: Effective date, if other than the date	e of filing:
EV: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after
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E V: Effective date, if other than the date fective date is listed, the date must be spot filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Lund Am hor le more than five business days prior to or 90 days after
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und	Land Am have a supported representative of a member

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 (O-4)

\$ 5.00 Certificate of Status (Optional)