

m: Amy Shiwnarain
3/12/2015

Fax: (407) 298-3900

To:

Fax: (850) 617-6383

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900
Fax Number : (407)298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
15 MAR 12 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
HEALTHY PALATE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
15 FEB 12 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
3/12

MAR 13 2015

S. YOUNG

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHY PALATE, LLC

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

ARTICLE II - Address:

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

**ZAFIR ABDELRAHMAN
3950 South US Hwy 17-92 suite 1088
Casselberry Florida 32707**

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:

**3950 South US Hwy 17-92 suite 1088
Casselberry Florida 32707**

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..

X

ZAFIR ABDELRAHMAN/ Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager

"MGRM" = Managing Member

ZAFIR ABDELRAHMAN- (MGRM)

3950 South US Hwy 17-92 suite 1088

Casselberry Florida 32707

SOHEILA MOHAMMADIAN- MGR

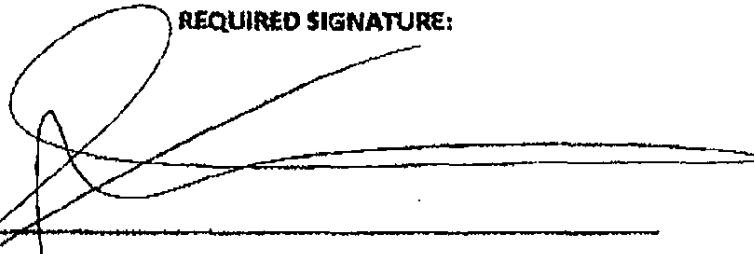
3950 South US Hwy 17-92 suite 1088

Casselberry Florida 32707

ARTICLE V: Effective date, if other than the date of filing: 03/12/2015

(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:

X 

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

(In accordance with section 605.0203(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.)

ZAFIR ABDELRAHMAN

Typed or printed name of signee

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ALBANY, NY

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