15000014172

	(Requestor's Name)	
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M. MILLIGAN EXAMINER

APR 1 3 2015

14 14 14'

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	South Florida	FOOD UC	
	Name of Lin	nited Liability Company	
The enclosed A	articles of Organization and fee(s) a	re submitted for filing.	
Please return al	l correspondence concerning this m	atter to the following:	
	Maria J	VILETA LIGAMI Name of Person	
		Name of Person	
	SOU	TH FLORING FO	
		Firm/Company	
	307	su sus me	
		Address	
	Dan	A FL 33004	
	1 (11.22.6)	ity/State and Zip Code GMOVIL. COM d for future annual report notifica	
	E-rhall address: (to be use	d for future annual report notifica	ation)
For further info	rmation concerning this matter, ple		·
NAW.	A UQOMi at (954 <u>549 - 08</u> Area Code Daytime Te	lephone Number
Enclosed is a cl	neck for the following amount:		
3 \$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	Street/Courier Addi Registration Section Division of Corporat	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADVEROLE L. N'				
ARTICLE I - Name: The name of the Limite	ed Liability Company is:			
50	JTH FLORIDA F	FOOD	UC	
	Must end with the words "Limit			r "LLC.")
ARTICLE II - Addre The mailing address an	ss: Industries address of the principal	l office of the	Limited Liability Cor	mpany is:
Principal Office Addr	ess:	<u>Mailin</u>	g Address:	
S W FOE	HOOSE J			
(The Limited Liability another business entity	tered Agent, Registered Offic Company cannot serve as its ov with an active Florida registra	wn Registered tion.)	l Agent. You must des	
The name and the Flori	ida street address of the register	_		
	MARIA M Na Na Na Na Na Na Na Na Na Na Na Na Na	. ugn		
	Nai	me M		
	Florida street address (P.O. E			
	DoniA	FL	33004 Zip	
	City		Zip	
the place designate capacity. I further ag		rept the appoints of all statu obligations of apter 605, F.	intment as registered ag tes relating to the prop f my position as registe S.	gent and agree to act in this per and complete performance

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARIA JULETA LIONINI
MGR	JUISA CEPRI 307 SW ZND OUZ DANIA FL 33004
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of	of tiling: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	of tiling: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a med (In accordance with section 605 constitutes an affirmation under I am aware that any false provided in the effective of the constitutes any false provided in the effective of the constitutes and the effective of the effective	nber or an authorized representative of a member. 5.0201 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median discontinuous constitutes an affirmation under I am aware that any false poorn constitutes a third degree felony	nber or an authorized representative of a member. 5.020 (1) (b). Forida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2