# 415000102722

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nar | ne)       |
| (Do                     | cument Number)    | ······    |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         | ししし               |           |

Office Use Only



000273793950

06/11/15--01005--016 \*\*125.00

15 JUN II PH 1: 38
SECRETARY OF STAIR
ALLAHASSEE: FLORINA

T. Burch 3181 1 5 2015

### **COVER LETTER**

| TO:        | Registration<br>Division of | n Section<br>Corporations                      |                 | ı.                                     |  |
|------------|-----------------------------|--|-----------------|--|--|
| SUBJE      |                             | Nature Food, LLC                               |                 |  |  |
| SCHIE      | CI                          | Name of Li                                     | mited Liabilit  | y Company                              |  |
| The enc    | losed Articles              | s of Organization and fee(s) a                 | re submitted 1  | for filing.                            |  |
| Please n   | eturn all corre             | espondence concerning this m                   | atter to the fo | llowing:                               |  |
|            | MEI ZH                      | ANG  |                 |  |  |
|            |                             |  | Name of I       | Person                                 | <del></del>  |
|            |                             |  |                 |  |  |
|            |                             |  | Firm/Con        | npany                                  |  |
|            | 7110 SW                     | 85TH TER                                       |                 |  | ,  |
|            | <del> </del>                |  | Addre           | SS                                     |  |
|            | GAINES                      | VILLE, FL 32608                                |                 |  |  |
|            | ·                           | (  | City/State and  | Zip Code                               |  |
|            | meizhang?                   | 3@gmail.com                                    |                 |  |  |
|            |                             | E-mail address: (to be used                    | l for future an | nual report notificat                  | ion)   |
| For furthe | er information              | concerning this matter, pleas                  | e call:         |  |  |
|            | MEI ZHA                     | ANG 5  | 85              | 2786915                                |  |
|            | N                           | · · · · · · · · · · · · · · · · · · ·          | rea Code        | Daytime Telephon                       | e Number   |
|            |                             |  |                 |  |  |
|            | ,                           | or the following amount:                       |                 |  |  |
| \$125.00   | Filing Fee                  | \$130.00 Filing Fee &<br>Certificate of Status | Certifie        | Filing Fee & d Copy (copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|            |                             |  |                 |  |  |

# **Mailing Address**

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

# Street Address

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Florida  | a Nature Food, LLC   |  |             |      |
|--|--|--|-------------|------|
|  | (Must end with the words "Limited Liabi  | lity Company, "L.L.C.," or "LLC.")   |             |      |
| RTICLE II - Ac<br>he mailing addre                       | ddress:<br>ss and street address of the principal office o   | f the Limited Liability Company is:  |             |      |
|  | Principal Office Address:  | Mailing Address:   |             |      |
|  | W 26 De Unit D. Goinequille El 22609   | 2000 DITTOCO TT 1/2 D. C. 1 . W. DT 20   |             |      |
| 3220 S   | SW 26 Dr, Unit B, Gainesville. FL 32608  | 3220 SW 26 Dr, Unit B, Gainesville. FL 320   |             |      |
| RTICLE III - R   | Registered Agent, Registered Office, & Registered Street as its own Regist | ristered Agent's Signature:  | 5           | enzý |
| RTICLE III - R<br>The Limited Liab<br>nother business of | Registered Agent, Registered Office, & Registered Office, & Registered Company cannot serve as its own Regisentity with an active Florida registration.)  Florida street address of the registered agent   | gistered Agent's Signature: tered Agent. You must designate an individual of HARL ARL ARL ARL ARL ARL ARL ARL ARL ARL  |             | 1    |
| RTICLE III - R<br>The Limited Liab<br>nother business o  | Registered Agent, Registered Office, & Registered Office, & Registered Office, & Registry Company cannot serve as its own Registration.)   | ristered Agent's Signature:  tered Agent. You must designate an individual of the same are:  | JUN II PM I |      |
| ARTICLE III - R<br>The Limited Liab<br>nother business o | Registered Agent, Registered Office, & Registered Agent, Registered Office, & Registered Company cannot serve as its own Registeratity with an active Florida registration.)  Florida street address of the registered agent MEI ZHANG  Name   | ristered Agent's Signature:  tered Agent. You must designate an individual of the same are:  | JUN II PM I |      |
| ARTICLE III - R<br>The Limited Liab<br>nother business o | Registered Agent, Registered Office, & Registered Office, & Registered Office, & Registry Company cannot serve as its own Registration.)  Florida street address of the registered agent MEI ZHANG   | gistered Agent's Signature: tered Agent. You must designate an individual of AHASSEE OF SIANCE.  are:  Comparison of the | JUN II PM I |      |
| ARTICLE III - R<br>The Limited Liab<br>nother business o | Registered Agent, Registered Office, & Registered Office, & Registered Office, & Registry Company cannot serve as its own Registeratity with an active Florida registration.)  Florida street address of the registered agent MEI ZHANG  Nam  7110 SW 85TH TER   | gistered Agent's Signature: tered Agent. You must designate an individual of AHASSEE OF SIANCE.  are:  Comparison of the | JUN II PM I | 1    |

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dua 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member  | Name and Address:  |
|--|--|
| "MGR" = Manager  |  |
| MGR  | LURONG ZHANG   |
|  | 3227 SW 25TH DRIVE, Apt D. Gainesville FL 3260:  |
| AMBR   | MEI ZHANG  |
| A REPORT OF THE PROPERTY OF TH | 7110 SW 85TH TER, GAINESVILLE. FL 32608  |
|  |  |
|  |  |
|  |  |
|  | - Ro   |
|  | <u> </u>   |
|  | es de la companya de   |
| The second secon | 779  |
|  | <b>P</b>   |
|  |  |
| fective date is listed, the date must be s<br>of filing.)  | pecific and cannot be more than five business days prior to or 90  |
| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.)  If the date inserted in this block does not the imment's effective date on the Department.   | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no   |
| LE V: Effective date, if other than the date lective date is listed, the date must be so of filing.)  If the date inserted in this block does not  | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no   |
| EV: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department.  | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no   |
| LE V: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | meet the applicable statutory filing requirements, this date will not of State's records.  |
| EV: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:   | meet the applicable statutory filing requirements, this date will not of State's records.  Mean five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  |
| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with seconstitutes an affirmation of the date is listed.)  | meet the applicable statutory filing requirements, this date will not of State's records.  Member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.   |
| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation of the date is listed.  | meet the applicable statutory filing requirements, this date will not of State's records.  Member or an authorized representative of a member. etion 605.0203 (1) (b), Florida Statutes, the execution of this documents of the statutes of the execution of this documents.   |
| JEV: Effective date, if other than the date date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many (In accordance with seconstitutes an affirmation I am aware that any fall constitutes a third degree.   | meet the applicable statutory filing requirements, this date will not of State's records.  Member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation of the date is listed.  | meet the applicable statutory filing requirements, this date will not of State's records.  Member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are trues information submitted in a document to the Department of State  |