

L15000105050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

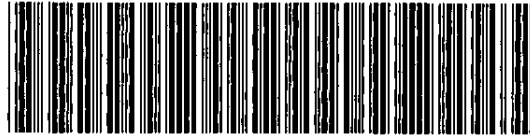
(Document Number)

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15 JUN 15 PM 6:03

STATE OF ALABAMA

6/18/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mix Potato Franchising LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ademir Rodrigues De Carvalho  
Name of Person

Mix Potato Franchising LLC  
Firm/Company

109 Ambusweet Way, Suite 130  
Address

Davenport FL 33897  
City/State and Zip Code

ademir.carvalho@mixpotato.com.br  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ademir at (786) 296 3800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check 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 Fee, <del>Certificate of Status</del> Certified Copy (additional copy is enclosed)
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**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

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15 JUN 15 PM 6:02  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mix Potato Franchising LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

109 Ambersmeeth Way  
Suite 130  
Davenport FL 33897

Mailing Address:

109 Ambersmeeth Way  
Suite 130  
Davenport FL 33897

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:

Chris Sillett  
Name

109 Ambersmeeth Way, Suite 240

Florida street address (P.O. Box **NOT** acceptable)

Davenport FL 33897  
City State Zip

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..

Chris Sillett

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Ademir Rodrigues De Carvalho

109 Ambercrest Way

Suite 130

Davenport FL 33897

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**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.)

Ademir Rodrigues De Carvalho

Typed or printed name of signee

**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 (Optional)

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15 JUN 15 PM 6:03  
DEPARTMENT OF STATE  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA