

Division of Corporations

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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) 617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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

Email Address: pooja@acctaxllc.com

FLORIDA LIMITED LIABILITY CO.
Feast With Confidence LLC

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

JUL 9 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

H15000166563

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Feast With Confidence LLC

(Must end with the words "Limited 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:

7370 Orangetown Lane, #305
Boca Raton, FL 33433

Mailing Address:

535 Hudson Street
New York, NY 10014

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:

Walter Bryan Hammock

Name

7370 Orangetown Ln., #305

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

Boca Raton

FL 33433

City

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.

Walter B. Hammock

Registered Agent's Signature (REQUIRED)

Walter Bryan Hammock

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Page 1 of 2

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H15000166563

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Oualid Hammami

73 Second Avenue

New York, NY 10003

AMBR

MIKI AGRAWAL

205 N. 9th Street #3H

Brooklyn, NY 11211

AMBR

Walter Bryan Hammock

7370 Oranewood Ln., #305

Boca Raton, FL 33433

(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.)

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.)

Oualid Hammami

Typed or printed name of signer

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