## 115000127357

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE August 1, 2015

T CANNON

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FOOD FOR ALL REASONS LGC.

(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9807 DAVENDORT NE. YOUNGSTOWN FE. 32466	9807 DAVENPORT AVE. YOUNG STOWN FC. 32466
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re $\frac{\text{Hug I Mix IER}}{\text{Name}}$	egistered agent are: [E SEP 7   PR F P P P P P P P P P P P P P P P P P
9807 OAVENPOR Florida street address (P.O.	
Yangstaun City	FL 32

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	<b>5</b>
<del></del>	20 (SST)
	3: 3:
<del></del>	
(Use attachment if necessary)	
effective date is listed, the date must 90 days after the date of filing.)	e date of filing: <u>AUGUSI 2, 2015</u> . (OPTIONAL) be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed as records.
ICLE VI: Other provisions, if any.	
<b>,</b> <del></del> , <del></del> ,	

REQUIRED SIGNATURE:

**ARTICLE IV-**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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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