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ror:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA Account Number : 076424000767

; (305)442-3334 Phone : (305)443-3292 Tax Number

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

Email Address: ORIVERGO SAHL-LAW. COM

FLORIDA LIMITED LIABILITY CO. PARK FOODS LLC

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AUG - 5 2015

S. GILBERT

Registration Department

, ,

TO:

[H15000188666 3]

COVER LETTER

Division of Corporations		
SUBJECT:	PARK FOODS 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:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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FILED

15 AUG -4 AM II: 26

SECRETARY OF STATE

ARTICLE I - NAME:

The name of the Limited Liability Company is: PARK FOODS LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

Mailing Address:

7301 S.W. 57th Court, Suite 520 South Miami, FL 33143

7301 S.W. 57th Court, Suite 520 South Miami, FL 33143

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

Oscar R. Rivera, Registered Agent & J. P.

Florida Bar No.:329193

ARTICLE IV - MANAGERS

Title:

Name and Address

MGR

Angel Veliz

7301 S.W. 57th Court, Suite 520

South Miami, FL 33143

MGR

Rene Veliz

7301 S.W. 57th Court, Suite 520

South Miami, FL 33143

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REQUIRED SIGNATURE:		
Signature of a member or 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.\$.)		
OSCAR R. RIVERA		
Type or printed name of signed		