

45000142736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600274790336

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 AUG 19 PM 4:28
10 AUGUST 2015
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 19 AM 8:38

AUG 26 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2015

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: YAOS LLC
Ref. Number: W15000055607

We have received your document for YAOS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L10000109683 (YAO LLC).

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 315A00017537

RECEIVED
15 AUG 25 PM 4:21
TO ALKNOVWLL DGE
SUFFICIENCY OF FILING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 752538 7838690

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : August 19, 2015

ORDER TIME : 3:52 PM

ORDER NO. : 752538-005

CUSTOMER NO: 7838690

DOMESTIC FILING

NAME: KAV FOODS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAV 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:

Ashley Juchawski

Name of Person

DLA Piper LLP

Firm/Company

200 South Biscayne Boulevard, Suite 2500

Address

Miami, FL 33131

City/State and Zip Code

ashley.juchawski@dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaeli Merinfeld

305

651-5200

at ()

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,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KAV Foods 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:

Mailing Address:

19595 NE 10th Ave, Suite 5G
Miami, FL 33179

19595 NE 10th Ave, Suite 5G
Miami, FL 33179

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:

Yaeli Merinfeld

Name

19595 NE 10th Ave, Suite 5G

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

Miami

Florida

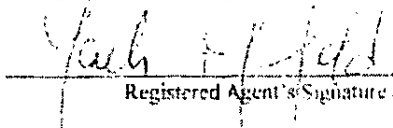
33179

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 19 AM 8:38

ARTICLE IV:

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

Title:

"AMHR" - Authorized Member

"MGR" - Manager

AMBR:

Name and Address:

Yaeli Merinfeld

19595 NE 10th Ave, Suite 5G

Miami, FL 33179

AMBR:

Oswaldo Ginhao

19595 NE 10th Ave, Suite 5G

Miami, FL 33179

AMBR:

Oscar Heguilen

19595 NE 10th Ave, Suite 5G

Miami, FL 33179

(Use attachment if necessary.)

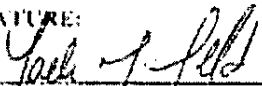
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Yaeli Merinfeld

Typed or printed name of signer

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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