L1500015649/

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	vision of Corporations
SUDJECT	WILMAR FOODS LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	WILLIAM J. VANCIO
	Name of Person
	WILMAR FOODS LLC
	Firm/Company
	4134 AMBER WAY
	Address
	WESTON, FLORIDA 33331
,	City/State and Zip Code VANCIOW@YAHOO.COM
-	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	WILLIAM J. VANCIO 954 385-8184 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclose
	Mailing Address Street Address

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

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



August 24, 2015

WILLIAM J. VANCIO 3134 AMBER WAY WESTON, FL 33331

SUBJECT: WILMAR LLC Ref. Number: W15000056265

We have received your document for WILMAR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 315A00017848

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE 1 - Name:

The name of the Limited Liability Company is:

WILL	MA	D	FO	ODS	T	IC
wii	JVIA	. п	гіл	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3.

(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:		
4134 AMBER WA	Y	4134 A	MBER WAY		
WESTON, FLORI	DA 33331	WEST	ON, FLORIDA 33331		
another business entity with ar	ny cannot serve as its own a active Florida registration	Registered Agent, Yo on.)	s Signature: u must designate an individual or		
The name and the Florida stree	-	_			
	MARIA T. VANCIO				
		Name			
	4134 AMBER WAY				
	Florida street addres	s (P.O. Box NOT acce	eptable)		
	WESTON	FLORIDA	33331		
	City	State	Zip		
place designated in this certificat	d agent and to accept serve, I, I hereby accept the app	ice of process for the ai ointment as registered	Zip bove stated limited liability company agent and agree to act in this capac ad complete performance of my dutic	ity.	

IIam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

> Registere Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2



ARTICLE IV-

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

Title:	15'SEP 15 PM 4: 38
"AMBR" = Authorized Member	WILLIAM J. VANCIO AHASSEE, H.ORIDA
"MGR" = Manager	THE ALLOSE IN ORINA
MGR	WILLIAM J. VANCIO AMAGISTIC TRANSPORT
	4154 AMBER WAT
	WESTON, FLORIDA 33331
MGR	MARIA T. VANCIO
	4134 AMBER WAY
	WESTON, FLORIDA 33331
(Use attachment if necessary)	
RTICLE V: Effective date if other than the date of	f filing: 09/14/2015 (OPTIONAL)
f an effective date is listed, the date must be spec	ific and cannot be more than five business days prior to or 90 days after
e date of filing.)	• • • • • • • • • • • • • • • • • • • •
lote: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed a
ne document's effective date on the Department of	f State's records.
RTICLE VI: Other provisions, if any. /A	
/4.5	
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.

WILLIAM J. VANCIO

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)