415000165902

(Re	equestor's Name)			
(Address)				
(Address)				
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300277026193

09/24/15--01004--018 **130.00

SECRETARY OF STALL SECRETARY OF CORPORATION OF CORP

STRECTIVE DATE 10/01/15

09/30/15

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	Aghapy Foods LLC				
SOBOLC		Name of Limited Liability Company			
The enclos	sed Articles of Organization and fee(s) a	re submitted for filing.			
Please retu	urn all correspondence concerning this m	atter to the following:			
	Monir Mikhaiel				
		Name of Person			
	Aghapy Foods LLC				
		Firm/Company .			
	801 N. Congress Ave. Ste 673				
	Address				
	Boynton Beach, FL 33426				
		City/State and Zip Code			
	E-mail address: (to be used	for future annual report notification)			
For further i	information concerning this matter, pleas	e call:			
	21.6				
		rea Code Daytime Telephone Number			
Englaged :	is a check for the following amount.				
\$125.00 F	is a check for the following amount: Siling Fee \$\sum_{\text{Certificate of Status}} \text{Status}	\$155.00 Filing Fee & \$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:	
Aghapy Foods LLC	
(Must end with the words "Limited Liabili	ty 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:
801 N Congress Ave. Ste 673	801 N Congress Ave. Ste 673
Boynton Beach, FL 33426	Boynton Beach, FL 33426
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:
Monir Mikhaiel	
Name	

801 N Congress Ave. Ste 673

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

Boynton Beach FL 33426

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)

Page 1 of 2

(CONTINUED)

Title:	Manakan	Name and Address:
"AMBR" = Authorized "MGR" = Manager MGR	Member	Monir Mikhaiel 801 N Congress Avc. Ste 673 Boynton Beach, FL 33426
MGR		Hany Ghaly 801 N Congress Ave. Ste 673 Boynton Beach, FL 33426
(Use attachment if neces	ssary)	
(If an effective date is listed, the the date of filing.)	date must be specific an	: 10/01/2015 (OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as s records.
ARTICLE VI: Other provisions,	fany.	
REOUIRED SIGNAT	URE:	
This do	cument is executed in ac	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.

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

Page 2 of 2

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)

Typed or printed name of signee

Monir Mikhaiel