

LEDD 18096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

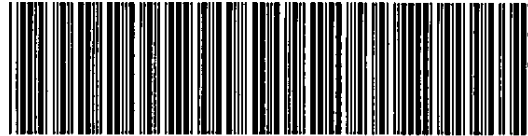
(Business Entity Name)

(Document Number)

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15 OCT 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 02 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROOTS FOOD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Belmonte

Name of Person

Business Services USA LLC

Firm/Company

1528 W Warm Springs Rd Unit 100

Address

Henderson NV 89014

City/State and Zip Code

sellersdept@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maya Torres

310

455-6675

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Roots Food LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 26 2015

Signature of a member or authorized representative of a member

SHERRIE BROWN, MEMBER

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L15000180096
FILED 8:00 AM
October 22, 2015
Sec. Of State
tburch**

Article I

The name of the Limited Liability Company is:

ROOTS FOOD LLC

Article II

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

821 ALAMANDA CT
PLANTATION, FL. 33317

The mailing address of the Limited Liability Company is:

821 ALAMANDA CT
PLANTATION, FL. 33317

Article III

The name and Florida street address of the registered agent is:

SHERRIE BROWN
821 ALAMANDA CT
PLANTATION, FL. 33317

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15 OCT 30 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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.

Registered Agent Signature: SHERRIE BROWN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
SHERRIE BROWN
821 ALAMANDA CT
PLANTATION, FL. 33317

Title: MGRM
CHAD DAWSON
7401 NW 16TH STREET APT 208
PLANTATION, FL. 33313

L15000180096
FILED 8:00 AM
October 22, 2015
Sec. Of State
tburch

Signature of member or an authorized representative

Electronic Signature: SHERRIE BROWN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA