1110000043581

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial matricitors to	Timing Officer.	
		:



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SECRETARY OF STATE

Office Use Only

FED 2 5 2016

S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		Foods, LLC	
SOBIL		Limited Liabil	ity Company
The en	closed Articles of Organization and fee(s	are submitted	for filing.
Please	return all correspondence concerning this	s matter to the f	ollowing:
	Filipe Carvalho		
		Name of	Person
	Bare Foods, LLC		
	All the second s	Firm/Co	mpany
	1101 Brickell Ave Ste G0-310133		
		Addr	ess
	Miami, Florida 33131		
	filipe@barefoods.us	City/State an	d Zip Code
	E-mail address: (to be u	ised for future a	nnual report notification)
For furth	ner information concerning this matter, pl	ease call:	
	Filipe Carvalho	786	603-4055
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
S125.0	0 Filing Fee Status	LCertific	0 Filing Fee & \$160.00 Filing Fee, ed Copy al 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

(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited L	Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
1101 Brickell Ave		1101	Brickell Ave	
Ste G0-310133		Ste G	0-310133	
Miami, Florida 3313	1	Miam	i, Florida 33131	
	active Florida registration	Registered Agent, Yo	e's Signature: ou must designate an individual or	
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration	Registered Agent. You		
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration address of the registered	Registered Agent, Yo		
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration address of the registered	Registered Agent, Your Agent are:		
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration address of the registered a Richard E. Rose	Registered Agent. Your control of the control of th	ou must designate an individual or	
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration address of the registered Richard E. Rose 200 Butler St. Suite 20	Registered Agent. Your control of the control of th	ou must designate an individual or	
(The Limited Liability Company another business entity with an	y cannot serve as its own I active Florida registration address of the registered Richard E. Rose 200 Butler St. Suite 20 Florida street address	Registered Agent. Your agent are: Name (P.O. Box NOT acc	ou must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Filing Compiles
MGR	Filipe Carvalho 1101 Brickell Ave Ste G0-310133
	Miami, Florida 33131
	Training Forting 30:01
MGR	Rui Abecassis
	Travessa Do Mercado, N1 Sul 2765-426 Monte Estoril
	Portugal
(Use attachment if necessary)	
(Use attachment if necessary)	
EV: Effective date, if other than the date	te of filing: (OPTIONAL)
cctive date is listed, the date must be so of filing.)	te of filing:
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department.	te of filing:
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	te of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man This document is exected an aware that any fall.	te of filing:

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)