

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
NS GROCERIES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

DO 8/30/16

((H16000214066 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NS GROCERIES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**122 E NOBLE AVE.
BUSHNELL, FL 33513**

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:

**MOHAMMED A. KADER
122 E NOBLE AVE.
BUSHNELL, FL 33513**

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.

MO. A. Kader

MOHAMMED A. KADER Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

MOHAMMED A. KADER - AMBR
122 E NOBLE AVE.
BUSHNELL, FL 33513

MD HOSSAIN- AMBR
122 E NOBLE AVE.
BUSHNELL, FL 33513

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 8/26/2016
(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.)

REQUIRED SIGNATURE:

MD. A. Kader

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

MOHAMMED A. KADER

Typed or printed name of signee

((H16000214066 3)))