

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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16 DEC -5 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
DAL FOOD PRODUCTOS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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December 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: DAL FOOD PRODUCTOS, LLC
REF: W16000081466

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H16000297635
Letter Number: 616A00025860

P.O. BOX 6327 - Tallahassee, Florida 32314

3

4160000971035

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAL FOOD PRODUCTOS, LLC

(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:

5101 NW 79 AVE

UNIT 11

DORAL, FL 33166

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:

LIDIA BUSSIÈRE

Name

5101 NW 79 AVE UNIT 11

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

DORAL

FL

33166

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DIST. DE ALIMENTOS LATINOS, LLC.

5101 NW 79 AVE II

DORAL, FL 33172

MGR

LIDIA BUSSIERE

5101 NW 79 AVE UNIT 11

DORAL, FL 33166

MGR

DOUGLAS ANDRES VASQUEZ

5101 NW 79 AVE UNIT 11

DORAL, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2017 (OPTIONAL)

(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.)

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.

ARTICLE VI: Other provisions, if any.

COMPANY TO BE EFFECTIVE AT THE FIRST OF JANUARY 2017

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.

LIDIA BUSSIERE

Typed or printed name of signer