

JAN-16-2018 08:37 AM Siegfried Rivera, Lerner FAX NO. 305-446-2592  
1/16/2018  
**L18000011627**

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
WEKIVA FOODS, LLC

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Electronic Filing Menu

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Help

[H18000018347 3]

**COVER LETTER**

**TO: Registration Department**  
**Division of Corporations**

**SUBJECT: \_\_\_\_\_ WEKIVA FOODS, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.  
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@srhl-law.com](mailto:orivera@srhl-law.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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18 JAN 16 PM 5:02  
JAN 16 2018  
JAN 16 2018

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**ARTICLE I -- NAME:**

The name of the Limited Liability Company is: WEKIVA FOODS, LLC

**ARTICLE II -- ADDRESS:**

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

**Principal Office Address:**

3835 Wekiva Springs Road  
Longwood, Florida 32779

**Mailing Address:**

3835 Wekiva Springs Road  
Longwood, Florida 32779

**ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

*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.*

SKRLD INC.

By: 

Oscar R. Rivera

Florida Bar No.: 329193

**ARTICLE IV -- MANAGER/DIRECTORS**

**Title:**

MGR

**Name and Address**

JAMES MARCHANT  
3835 Wekiva Springs Road  
Longwood, Florida 32779

[H18000018347 3]

[H18000018347 3]

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

(In accordance with section 505.0203(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.)

OSCAR R. RIVERA

Type or printed name of signee

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