L18000038015

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
ertified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		1

Office Use Only



900308931939

02/12/18--01038--004 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



D O'KEEFE FEB 1 4 2018

COVER LETTER

то:	New Filing Section Division of Corporations
CHB IE	Greek-Branded, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Emeka Ugokwe
	Name of Person
	-
	Firm/Company
	330 N Biscayne River Dr
	Address
	Miami, Florida, 33169
	City/State and Zip Code eugok002@icloud.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Emeka Ugokwe 786 3401419at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$ 125.0	\$130.00 Filing Fee & Sadditional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional 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

Greek-Branded, LLC				
(Must contain	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited I.	iability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
7721 NW 7th Street		7721	NW 7th Street	
API 416		APT 7	16	
Miami, Florida 33126	<u> </u>	Miam	i, Florida 33126	
he name and the Florida street ac		·		
The name and the Florida street ac	·	agent are:		
he name and the Florida street ac	Idress of the registered Emeka Ugokwe	l agent are:		
The name and the Florida street ac	ddress of the registered	l agent are:		
he name and the Florida street ac	Idress of the registered Emeka Ugokwe	l agent are: Name	eptable)	
he name and the Florida street ac	Emeka Ugokwe 330 N Biscayne Rive	l agent are: Name	eptable) 33169	
The name and the Florida street ac	Emeka Ugokwe 330 N Biscayne Rive	Name or Dr s (P.O. Box <u>NOT</u> acc	•	
iving been named as registered as we designated in this certificate, l ther agree to comply with the pro	Emeka Ugokwe 330 N Biscayne Rive Florida street address Miami City gent and to accept servi hereby accept the appayisions of all statutes re	Name or Dr s (P.O. Box <u>NOT</u> acc Florida State ce of process for the accontinent as registered	33169	acity. ties,

(CONTINUED)

18 FEB 12 PM 5: 26
SECRETARY OF STATE
FALLAHASSEE FLORIDA



A	RΊ	110	٦,	F	IV.

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Emeka Ugokwe
	330 N Biscayne River Dr Miami, Florida 33169
	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing: February 6th, 2018 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	Chy
This document i I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Emeka U	gokwe
	Typed or printed name of signee

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)

