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To:

Division of Corporations

Fax Number

; (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO.

mediterranea food, llc

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APR 0 5 2018

K. Brumbley

ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED LIABILITY COMPANY

ARTICLE | - Name:

MEDITERRANEA FOOD, 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:

10292 NW 56TH ST

10292 NW 56TH ST

DORAL, FL. 33178

DORAL, FL. 33178

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:

GUSTAVO RODRIGUEZ SALINAS

Name

10292 NW 56[™] ST

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

DORAL FL

33178

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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>

Name and Address:

"AMBR" = Authorized Member

3052201440

"MGR" = Manager

<u>AMBR</u>

GUSTAVO RODRIGUEZ SALINAS

10292 NW 56TH ST

DORAL, FL. 33178

AMBR

GUSTAVO RODRIGUEZ RAMOS

10292 NW 56TH ST

DORAL, FL. 33178

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

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 \$.817.155, F.S.