10/18/2018 Division of Corporations

L18000256298

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

CLARA GIRALDO P.A.
4630 SW 8th AVENUE SUITE 2
MIAMI, FL 33155
PH.: (305) 485-9300

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000303329 3)))

H180003033283ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address:_____

FILED
2018 NOV -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
WHOLESOME MEALS , LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

2018 OCT 32 AM 10:10
RECEIVED
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

October 22, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLARA GIRALDO, P.A.

SUBJECT: WHOLESOME MEALS, LLC
REF: W18000092219

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H18000303329
Letter Number: 018A00021398

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

WHOLESOME MEALS MIAMI, LLC

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

FILED
2018 NOV -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

WHOLESOME MEALS MIAMI, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

162 NE 25TH ST APT. 719
MIAMI FL, 33137

The mailing address shall be:

162 NE 25TH ST APT. 719
MIAMI FL, 33137

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

The name and the Florida street address of the registered agent are:

LINA RIVERA

162 NE 25TH ST APT 719
Florida Street address (P.O BOX **NOT** acceptable)
MIAMI FL, 33137
City, State, and 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..

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

X _____
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LINA RIVERA **MANAGER**
162 NE 25TH ST AP 719
MIAMI FL 33137

(An additional article must be added if an effective date is requested)

X _____
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.)

LINA RIVERA
Typed or printed name of signee