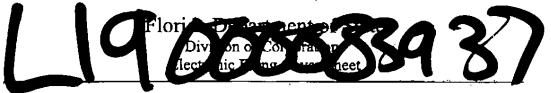
3/29/2019

Division of Corporations



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To:

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Fax Number

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone

: (845)425-9977

Fax Number

: (845)818-3588

\*\*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. JUNOVEM SUPERFOODS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
JUNOVEM SUPERI	FOODS LLC				
		Liability Compa	nny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	idress of the principal	office of the Lim	ited Liability Company is:		
Princip	al Office Address:		Mailing Address:		
501 N Volusia Ave			501 N Volusia Ave		
Orange City FL 3276	53		Orange City FL 32763	<u> </u>	
another business entity with an a	•	d agent are:			
	5011 South State Ro			TAR NEED	í
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	29 1817 1817 1817	<u> </u>
	Davie	FL_	33314	$\frac{m_{G_1}}{m_{G_2}}$	: 
	City	State	Zip	1013 C	j ,
place designated in this certificate, further agree to comply with the pro	I hereby accept the apportsions of all statutes religations of my position	pointment as reginelating to the pro- as registered ago	r the above stated limited liability compa- stered agent and agree to act in this capa oper and complete performance of my du- ent as provided for in Chapter 605, F.S	ny at the	<b>В</b>
		(CONTINUE	D)		

Title:		Name and Address:
	Authorized Member	
"MGR" = M AMBR	anager	YE AUNG
2.2***	·	161 Orange Cosmos Blvd
		Davenport FL 33837
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		161 Orange Cosmos Blvd
		Davenport FL 33837
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