

Division of Corporations

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**L19000110644**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Account Number : I20090000024  
Phone : (518) 229-8228  
Fax Number : (302) 371-9850

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

Email Address: jerry@diversifiedcorp.com

**FLORIDA LIMITED LIABILITY CO.  
CONSOLIDATED NATURAL FOOD OF MIAMI LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

**M SIMMONS**

**APR 30 2019**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONSOLIDATED NATURAL FOOD OF MIAMI LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

Jade Signature, 16901 Collins Ave., Apt. 4401  
Sunny Isles Beach, FL 33160

Mailing Address:

Same

**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:

Vahik Babaian

Name

Jade Signature, 16901 Collins Ave., Apt. 4401

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

Sunny Isles Beach FL 33160

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 provided for in Chapter 605, F.S.*

/s/ Vahik Babaian

Registered Agent's Signature (REQUIRED)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Vahik Babaian

Jade Signature, 16901 Collins Ave., Apt. 4401

Sunny Isles Beach, FL 33160

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The Limited Liability Company, to the fullest extent permitted under the Florida Limited Liability Company Act, as the same may be amended and/or supplemented, from time to time, shall indemnify any and all persons qualified to be indemnified pursuant thereto.

**REQUIRED SIGNATURE:**

/s/ Vahik Babaian

Signature of a member or as 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 s.817.155, F.S.

Vahik Babaian, Manager

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)**

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