5/1/2019

Division of Corporations

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. LINTON FOODS LLC

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COVER LETTER

TO: Registration Department Division of Corporations

SUBJECT: LINTON FOODS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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ARTICLE I - NAME:

The name of the Limited Liability Company is: LINTON FOODS LLC.

ARTICLE II - ADDRESS:

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

Principal Office Address:

7301 S.W. 57th Court, Suite 520 South Miami, Florida 33143 Mailing Address:

7301 S.W. 57TH Court, Suite 520 South Miami, Florida 33143

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

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

Oscar R. Rivera, Registered Agent

Florida Bar No.:329193

ARTICLE IV - MANAGER/DIRECTORS

Title: MGR Name and Address

Angel Veliz

7301 S.W. 57th Court, Suite 520 South Miami, Florida 33143

MGR

Rene Veliz 7301 S.W. 57th Court, Suite 520 South Miami, Florida 33143 HILLED SECRETARY OF STATE

[H19000144305 3]

REQUIRED SIGNATURE:	
Signature of a member or 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. 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 5.817.155.F.S.)	
OSÇAR R. RIVERA	
Type or printed name of signee	