Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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

feail	Address:		

FLORIDA LIMITED LIABILITY CO. EDWARD FOOD FACTORY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2019 JUN 28 AM 7: 45
SECRLIARY OF STATE
TALL AHASSEE, FL

2019 JUH 28 PM 1:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
, and the state of		
EDWARD FOOD FACTORY LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	_
•		
ARTICLE II - Address:		
The mailing address and street address of the principal of	ffice of the Limited Liability Company is:	
	•	
Principal Office Address:	Mailing Address:	
CA44 ONLOGTIL OT	A	
5911 SW 85TH CT	SAME	
MIAMI. FL 33173		
ARTICLE III - Registered Agent, Registered Office,	A Decistand Agentic Ciones	
(The Limited Liability Company cannot serve as its own	Registered Agent Voy must declarate an in	adistidual as
another business entity with an active Florida registration	n)	individual of
The same of the sa		
The name and the Florida street address of the registered	agent are:	
- · · · · · · · · · · · · · · · · · · ·		•
SERGIO A FLEITES CPA		
Name		
1575 SW 87 AVE	<u> </u>	
Florida street address (P.O. Box	: NOT acceptable)	
MIAMI	<u>FL 33174</u>	
City	Zip	
Desire has a second of the second		
Having been named as registered agent and to accept ser		
the place designated in this certificate, I hereby accept	i ine appointment as registered agent and ag	ree to act in this
capacity. I further agree to comply with the provisions	of all statutes retained to the proper and com	piete perjormance
of my duties, and I am familiar with and accept the obli	uganons oj my posinon as regisierea vigeni a ter 605, F.S	is provided for in
1 Emaps	(er 603, r.s	
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/3///	r	
Registered Agent's Signa	ture (REALIBED)	
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(CONTINU	ED)	_ુ ΣΕ
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Page 1 of 2	:	
- 		

<u>itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	SAMUEL SPILMONT
	5911 SW 95TH CT
	MIAMI, FL 33173
	MICHIEL 1 E 03113
MGR	MAITE RENAUT
	5911 SW 95TH CT
	MIAMI, FL 33173
	AULANI LE ANTIN
 	
	<u></u>
	
	,
V: Effective date, if other than the da tive date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
Use attachment if necessary) LV: Effective date, if other than the dattive date is listed, the date must be a filling.) LVI: Other provisions, if any.	te of filing:
V: Effective date, if other than the date tive date is listed, the date must be a filling.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or to
V: Effective date, if other than the date tive date is listed, the date must be a filling.)	te of filing:
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V: Effective date, if other than the dative date is listed, the date must be a filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a filing date of the constitutes an affirmation unling am aware that any false infiling.	pecific and cannot be more than five business days prior to or the period of the period of the period of the period of period of the period of the period of period of the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be a filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a fill (In accordance with section of constitutes an affirmation unlim aware that any false inficonstitutes a third degree felories.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 60m of this document to the Department of State only as provided for in s.817.155. F.S.)
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